

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0180488 | | |
| Date Assigned: | 11/05/2014 | Date of Injury: | 10/24/2012 |
| Decision Date: | 12/10/2014 | UR Denial Date: | 10/22/2014 |
| Priority: | Standard | Application Received: | 10/30/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of 10/24/12. A utilization review determination dated 10/22/14 recommends modification of an FRP from 120 hours to 54 hours. It noted that 81 hours in the FRP had been completed. It identified that a 10/17/14 FRP weekly progress report noted some nonspecific gains in behavioral functioning, social activity, interaction, and progress in the FRP, with limited progress with functional activities and some remaining pain coping and mood difficulties. Small improvement in pain interference score was also noted. The program is noted to consist of 27 hours per week and the patient has completed 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Functional Restoration Program x 120 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34, 49.

Decision rationale: Regarding the request for a functional rehabilitation program, California MTUS supports notes that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains, and total treatment

duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). Within the medical information available for review, the patient has completed 81 hours of treatment, which is equivalent to just over 2 weeks of full-day treatment. There appears to be some modest improvement, but the current request is for an additional 120 hours, which well exceeds the CA MTUS recommendations for this treatment. While the utilization reviewer modified the request to authorize 54 additional hours, there is, unfortunately, no provision for modification of the current request to allow for the amount of treatment supported by the CA MTUS. In light of the above issues, the currently requested functional rehabilitation program is not medically necessary.