

Case Number:	CM14-0032434		
Date Assigned:	06/27/2014	Date of Injury:	11/12/2012
Decision Date:	08/20/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/14/2014

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 and Rehabilitation 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:

The injured worker is a 41-year-old male who reported an injury on 11/12/2012. The mechanism of injury was reported as falling off a ladder onto outstretched hands. The diagnoses included cervical spondylosis without myelopathy. Prior therapies included physical therapy, surgery, and cognitive behavioral therapy. Per the 01/15/2014 visit note, the injured worker reported pain in both wrists. The injured worker complained of anxiety and depression. The injured worker was pending a surgical consultation for his left shoulder. The provider noted that he felt that the injured worker's orthopedic and psychological issues would be best addressed in a functional restoration program. An initial evaluation for a functional restoration program was recommended. Per the 04/09/2014 visit note, the injured worker was scheduled for a left shoulder surgery on 04/18/2014. The Request for Authorization form was submitted on 01/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation for Functional Restoration Program (FRP): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary pain programs Page(s): 31.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: The request for an evaluation for a functional restoration program is not medically necessary. The California MTUS Guidelines state that outpatient pain rehabilitation programs may be considered medically necessary when an injured worker is not a candidate where surgery or other treatments would clearly be warranted. An adequate and thorough evaluation, including baseline functional testing, should be made so that follow-up with the same test can note functional improvement. Functional restoration programs may be indicated if there is an absence of other options likely to result in significant clinical improvement. The medical records provided indicate that the injured worker was scheduled for a left shoulder surgery on 04/18/2014. It appears that the injured worker is still treating with many specialists. There is no indication of the absence of other treatment options or that the injured worker is not a candidate for surgery. Based on this information, the request is not supported. As such, the request for an evaluation for a functional restoration program is not medically necessary.