

<b>Case Number:</b>	CM14-0034004		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/05/2003
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 Orthopaedic Surgery, 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 employee has previously attended six weeks of a functional restoration program with good benefit and at this point should be able to transition to a home exercise program. It is unclear why an additional six weeks of aftercare was requested, and no specific justification was noted in the clinical records. This request for six additional sessions of a functional restoration program is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program (FRP) 6 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 49.

**Decision rationale:** The injured employee has previously attended six weeks of a functional restoration program with good benefit and at this point should be able to transition to a home exercise program. It is unclear why an additional six weeks of aftercare was requested, and no specific justification was noted in the clinical records. This request for six additional sessions of a functional restoration program is not medically necessary.

