MAXIMUS Federal Services

Case Number:	CM14-0036118		
Date Assigned:	06/23/2014	Date of Injury:	05/09/2012
Decision Date:	07/21/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/24/2014

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 Family Medicine and is licensed to practice in North Carolina. 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:

At issue in this review is the request for 6 sessions of aftercare at [redacted] Functional Restoration Program (NCFRP). The injured worker is a 48 year old man with a date of injury of 5/7/12. He has chronic pain affecting his right side with chronic right ankle pain and right distal peroneal nerve dyesthesias, reactive depression and insomnia. He successfully completed the [redacted]FRP on 2/14/14 and participated in the entire program with daily cognitive behavioral training classes, educational lectures, group therapy sessions and individualized physical therapy sessions. He was said to be better able to cope with his chronic pain and manage his psychological distress through techniques learned in the program. He also demonstrated independence of a home exercise program to futher improve his overall function over time consissting of cardiovascular, core, resistance and flexibility training. Aftercare was requested to bridge the transition from the daily program to the stage following completion of the program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) sessions of aftercare at [redacted] Functional Restoration Program (NCFRP): 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 Functional Restoration Approach to Chronic Pain Management and Functional Restoration Program Page(s): 7-10 and 49.

Decision rationale: Functional Restoration Programs (FRPs) were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Independent self-management is the long-term goal of all forms of functional restoration. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. This injured worker has already completed a 5 week functional restoration program. He made both medical and functional gains and was to transition to a home exercise program. The records do not support the medical necessity of 6 additional sessions for after care.