MAXIMUS Federal Services

Case Number:	CM14-0065442		
Date Assigned:	07/11/2014	Date of Injury:	01/25/2013
Decision Date:	09/16/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/08/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 42 year old male who was shot on the left thigh while at work on 12/05/2013. He was evaluated by an orthopedist who determined not to extract the bullet. Subsequently, he was treated with medications, physical therapy, acupuncture, and cognitive behavioral therapy. He improved by about 30-40% after eight sessions of physical therapy. Nevertheless, he has continued to experience 2/10 pain in his left thigh and both knees. The pain prevents him from squatting; it is made worse by prolonged standing and working. The physical examination revealed antalgic gait, well healed scar in the left thigh, limited range of motion in his lower back; flattening of the lumbar lordosis. He has been diagnosed of pain in pelvis and thigh; foreign body in the leg; post-traumatic stress disorder (PTSD), Pain- Psychogenic. He is being treated with Fluoxetine, Prazosin and home exercise program. In dispute is the request for physiotherapy functional restoration program #160 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy Functional Restoration Program #160 hours.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program>, page(s) <49> Page(s): 49.

Decision rationale: Functional restoration is aimed at regaining function with a view of returning the worker to work. However, the injured worker is already on retirement, therefore functional restoration program is not medically necessary in this case.