

Case Number:	CM14-0065953		
Date Assigned:	07/11/2014	Date of Injury:	02/06/2013
Decision Date:	09/17/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/09/2014

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, has a subspecialty in Pain Management, and is licensed to practice in Texas and Ohio. 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 62-year-old who reported an injury on February 6, 2013. The mechanism of injury involved a fall. Previous conservative treatment includes TENS therapy, injection therapy, chiropractic treatment, home exercise, physical therapy and medication management with anti-inflammatory medication, benzodiazepines, antidepressants, and pain medication. A Request for Authorization form was submitted on 04/24/2014 for 4 months in a remote care functional restoration program with a 1 time re-assessment and durable medical equipment. A functional restoration program integrated summary report was submitted on April 15, 2014. It was noted that the injured worker was issued authorization for 180 hours in the functional restoration program, of which, 180 hours have been completed. The injured worker's progress was documented from April 14 - 15, 2014. It is noted that the injured worker was highly motivated and quite independent in activities of daily living. Treatment recommendations included a HELP remote care program for 4 months with an in-office interdisciplinary reassessment was requested. Several durable medical equipment items were also requested at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remote Care Post FRP (Functional Restoration Program): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Functional Restoration Program (Chronic Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state functional restoration programs are recommended. An adequate and thorough evaluation should be made. Total treatment duration should generally not exceed twenty full day sessions. As per the documentation submitted, the injured worker completed 180 hours in the functional restoration program. The injured worker is noted to be quite independent in activities of daily living. The medical necessity for ongoing treatment has not been established. There is no indication that this injured worker is incapable of independent strategies with regard to pain management following the completion of the functional restoration program. The specific duration of treatment was also not listed in the request. As such, the request for a remote care post-FRP is not medically necessary or appropriate.