

Case Number:	CM14-0071354		
Date Assigned:	07/14/2014	Date of Injury:	04/01/2013
Decision Date:	09/10/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/17/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

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:

This 60-year-old patient sustained an injury on 4/1/13 while employed by [REDACTED]. The request under consideration is an Initial Evaluation for a Functional Restoration Program. Diagnoses include Ventral Umbilical Hernia repair on 7/11/13 and psychogenic pain. The CT scan dated 3/28/14 showed large diastasis recti with incidental small hypodense hepatic lesion, likely cyst or cavernous hemangioma; negative for abdominal hernia, defect, or mass. Report from the provider noted the patient being concerned about diastasis recti (from ventral hernia repair); however, there was no mention of a failed trial of conservative treatment such as physical therapy or a home exercise program. Per report of 4/3/14 from the provider, the patient continues with chronic abdominal discomfort and inquired about possible surgical repair of diastasis recti. General surgeon did not indicate any surgical indication. The request for Initial Evaluation for Functional Restoration Program was non-certified by utilization review on 4/15/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Evaluation for Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-34 and 49.

Decision rationale: Guidelines list criteria for a functional restoration program, including, at a minimum, appropriate indications for multiple therapy modalities including behavioral/psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline, not seen here. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; some level of disability or dysfunction; no drug dependence or problematic or significant opioid usage; and a clinical problem for which a return to work can be anticipated upon completion of the services. In this case, there is no report of the above-listed criteria, as the patient has unchanged chronic pain symptoms and an unchanged clinical presentation, without any indication of an aspiration to return to work after this chronic injury with delayed recovery beyond the recommended time frame for a successful outcome. The patient has remained not working, on chronic treatment, but without functional improvement from extensive treatments already rendered. There are also no psychological issues demonstrated, nor an evaluation documenting the medical necessity for a functional restoration program. Therefore, the Initial Evaluation for a Functional Restoration Program is not medically necessary and appropriate.