

Case Number:	CM14-0077914		
Date Assigned:	07/18/2014	Date of Injury:	02/04/2005
Decision Date:	09/23/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/27/2014

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 Internal Medicine 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 worker is a 43 year old male who was injured on 02/04/05 when a pickup truck sideswiped the injured worker's motorcycle. The vehicles were travelling at approximately 70 mph. The injured worker ended up in the bed of the pickup, which overturned, crushing the injured worker. The injured worker suffered multiple injuries resulting in multiple surgeries and an extended amount of post injury rehabilitation. The diagnosis submitted with this request is intracranial injury of other and unspecified nature without mention of open intracranial wound. This is a request for 14 days participation in a functional restoration program. Records indicate the injured worker has previously participated in 26 days of the same program at 5 hours per day to equal 130 hours. This request was denied by UR dating 05/15/14 citing lack of justification for part-day sessions versus full-day sessions. Appeal letter dated 05/20/14 states the injured worker's current program only offers part time sessions at 5 hours per day. This letter states the injured worker has made outstanding strides and progressive gains which have been substantiated in progress reports. It is noted the submitted request is for the additional and final 14 days of the program. A Functional Restoration Program (FRP) Discharge Summary dated 05/02/14 summarizes the injured worker's improvement since the date of admission on 03/03/14. The injured worker's pre-program Beck Depression Inventory - II score was 14 initially and has been reduced to 3. Beck Anxiety Inventory scores have been reduced from 8 to 2. Epworth scores have been reduced from 5 to 3. It is noted the injured worker has graduated from the program and has met all of his requirements. However, the injured worker has not yet fully met all of his FRP Functional Goals. Achievement ratings are 4/5 for the following goals: Optimize medications, Provide cognitive behavioral techniques to manage pain, Overcome fear of re-injury and Improve work readiness. Clinical note dated 05/07/14 includes a request for authorization for an additional 14 part-time days to provide the injured worker with ongoing

comprehensive and intensive multidisciplinary treatment to enable the injured worker to fully meet all initial FRP goals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program, QTY: 14 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPS) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs and Chronic Pain Programs Page(s): 49 of 127 and 30-34.

Decision rationale: Based on the clinical information provided, the request for functional restoration program for 14 days is not recommended as medically necessary. The submitted clinical records indicate that the injured worker has completed 130 hours of functional restoration program to date. Current evidence based guidelines note that total treatment duration should generally not exceed 160 hours/20 full days of functional restoration program. The request for 14 additional days at 5 hours per day totals 70 additional hours. Combined with previously completed hours, this would total 200 hours. Guidelines indicate treatment in excess of 160 hours "requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function." There is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. Based on the clinical information provided, medical necessity of an additional 14 days of participation in a functional restoration program is not established.