

Case Number:	CM14-0091563		
Date Assigned:	07/25/2014	Date of Injury:	05/12/2012
Decision Date:	09/08/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/17/2014

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 & 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:

The injured worker is a 58-year-old female who sustained cumulative trauma from June 6, 2008 to May 12, 2012 and a specific trauma on May 12, 2012. She is diagnosed with tendonitis, pain in limb, cervical sprain/strain, lumbar sprain/strain, cervical radiculopathy, lumbosacral radiculopathy, shoulder impingement, elbow tendinitis/bursitis, and wrist tendinitis/bursitis. She was seen on January 27, 2014 and continued to complain of neck and lower back pain. She had difficulty with prolonged periods of sitting, standing, walking, and climbing the stairs as well as lifting, pushing, pulling, squatting, kneeling and stooping. The examination revealed spasm, tenderness, and guarding over the paravertebral muscles of the cervical and lumbar spine. A decreased range of motion was noted. She was advised to continue home exercise on a daily basis to help reduce pain, increase musculoskeletal function, and avoid deconditioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Days of Function Improvement Measurement with Functional Improvement Measures:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: The request for 30 days of functional improvement with functional improvement measures is not considered medically necessary at this time. According to the California Medical Treatment Utilization Schedule, functional restoration can be considered if there is a delay in return to work or there is prolonged period of inactivity. There was no indication in the medical records reviewed that the injured worker's return to work was delayed. Prolonged period of inactivity of the injured worker was also not established therefore 30 Days of Function Improvement Measurement with Functional Improvement Measures is not medically necessary.