

Case Number:	CM14-0195451		
Date Assigned:	12/03/2014	Date of Injury:	09/17/2012
Decision Date:	01/29/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/21/2014

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 Rehab, has a subspecialty in ENTER SUBSPECIALTY 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 underlying date of injury in this case is 09/17/2012. The date of the utilization review under appeal is 11/14/2014. On 11/20/2014, the treating physician submitted a request for reconsideration with regard to a request for a functional restoration program after-care program. That appeal letter notes the patient's history of chronic pain in the bilateral knees, low back, and wrists and clarifies that at the end of 3 weeks of functional restoration treatment the patient reported she did not feel she could tolerate her prior work at [REDACTED] and was not ready to work. The treating physician notes that the patient did ultimately return to work but was quite emotional and had pain in the low back and upper extremities and reported that her knees and back were exacerbated significantly by the workplace. Given these residual physical and psychological deficits and work restrictions, the treating physician felt that 6 after-care programs were warranted in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] Functional Restoration Aftercare Program x 6 sessions: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), After-care

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines discusses functional restoration programs in detail. However, this guideline does not specifically discuss after-care treatment. The Official Disability Guidelines/Treatment in Workers Compensation/Pain does discuss after-care, noting that suggestions for treatment post-program should be well documented and provided to the referral physician and that defined goals for these interventions and planned durations should be specified. The medical records and in particular the appeal letter in this case do very specifically discuss the specific rationale and indications in this case as to why the patient requires after-care treatment, given both physical and mental health issues being addressed in follow-up to the patient's functional restoration program. This request is supported by the treatment guidelines. Overall, the request is medically necessary.