

Case Number:	CM14-0212789		
Date Assigned:	12/30/2014	Date of Injury:	07/03/2013
Decision Date:	05/15/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

50 yr. old male claimant sustained a work injury on 7/3/13 involving the left arm. He was diagnosed with a biceps tendon rupture, anxiety and hypertension. A progress note on 12/9/14 indicated the claimant had undergone 5 weeks of a functional restoration program. Exam findings were notable for weakness in the left elbow with both supination and pronation. The physician stated the claimant needed to incorporate strengthening to desensitize the left arm and to improve activity tolerance. He was able to perform 70-90% of left arm function. The physician requested an additional 80 hours of a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program (FRP): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program Page(s): 30-31.

Decision rationale: According to the guidelines, treatment duration for FRP in excess of 20 sessions 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. In this case, the physician and claimant had clear goals. Full capacity was not reached for the left arm, but continued progress was made over 5 weeks. The request for additional FRP is medically necessary.