

Case Number:	CM15-0147408		
Date Assigned:	08/10/2015	Date of Injury:	08/20/2014
Decision Date:	09/04/2015	UR Denial Date:	07/04/2015
Priority:	Standard	Application Received:	07/29/2015

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: California
 Certification(s)/Specialty: Emergency Medicine

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 was a 62 year old female, who sustained an industrial injury, August 20, 2014. The injury was sustained from blunt object chest wall injury. The injured worker previously received the following treatments Ibuprofen, Norco, Mobic and electro acupuncture treatments. The injured worker was diagnosed with chest wall contusion, chest wall strain and myofascial pain syndrome. According to progress note of June 16, 2015, the injured worker's chief complaint was chest discomfort. The physical exam noted tenderness in the right chest wall area. The deep tendon reflexes were 2 out of 2. The motor strength was 5 out of 5. The lumbar spine range of motion was decreased. The examination noted tenderness of the bilateral uppers extremities. There was swelling. The deep tendon reflexes were 2 out of 2. The motor strength was 5 out of 5. The injured worker was encouraged to exercise at a no pain range and apply modality treatment on an as needed basis. The treatment plan included a request for a functional restoration program evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Functional Restoration Program Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 49 and Pages 31-32, Functional restoration programs (FRPs) Page(s): 31-32, 49.

Decision rationale: The requested Initial Functional Restoration Program Evaluation is not medically necessary. CA MTUS Chronic Pain Medical Treatment Guidelines, Pg. 49, Functional restoration programs (FRPs), note that functional restoration programs are "Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs," and note "These programs emphasize the importance of function over the elimination of pain," and that treatment in excess of 20 full-day sessions "requires a clear rationale for the specified extension and reasonable goals to be achieved". The injured worker has chest discomfort. The physical exam noted tenderness in the right chest wall area. The deep tendon reflexes were 2 out of 2. The motor strength was 5 out of 5. The lumbar spine range of motion was decreased. The examination noted tenderness of the bilateral upper extremities. There was swelling. The deep tendon reflexes were 2 out of 2. The motor strength was 5 out of 5. CA MTUS 2009 Chronic Pain Treatment Guidelines recommend a functional restoration program with satisfaction of specifically identified qualification criteria, all of which must be satisfied for approval of such a program and "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery". Satisfaction of all of these criteria is not currently documented (including non-surgical candidacy, significant functional loss, positive motivation, and addressed negative predictors of success). The criteria noted above not having been met, Initial Functional Restoration Program Evaluation is not medically necessary.