

Case Number:	CM15-0023211		
Date Assigned:	02/12/2015	Date of Injury:	03/07/2013
Decision Date:	03/31/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/06/2015

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: Utah, Arkansas
 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:

The injured worker was a 44 year old male, who sustained an industrial injury, March 7, 2013. The injured worker sustained an injury from slipping that resulted in a fall. The injured worker struck the right shoulder and the right upper back. The injured worker had acute onset of pain the right shoulder and right upper back. According to progress note of August 21 2014, the injured workers chief complaint was right shoulder and right upper back discomfort. The injured worker had refused injection therapy and surgery in the past. The injured workers pain level was 7 out of 10; 0 being no pain and 10 being the worse pain. The physical exam noted the flexion and extension of the cervical neck was 25% of normal and lateral tilt right and left was 302 degrees. The injured worker walked with a normal gait and ambulated without assistance. There was tenderness noted on the right of L3-L5 with negative straight leg raises. The injured worker was diagnosed with cervical strain, right upper extremity strain/contusion; chronic low back pain without lumbar radiculopathy, chronic pain syndrome and pain relate insomnia. The injured worker previously received the following treatments physical therapy, MRI of the cervical spine, Norco and Baclofen for pain. The documentation submitted for review were progress notes dated June 3, 2014, July 16, 2014, August 21, 2014 and August 27, 2014. August 28, 2014 the injured worker underwent an evaluation for the FRP (functional restoration program). The primary treating physician requested authorization for 160 hours of FRP (functional restoration program). On January 6, 2015, the Utilization Review denied authorization for 160 hours of FRP (functional restoration program). The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

160 Hours of [REDACTED] Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration program Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 49, Functional Restoration Program..

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Functional Restoration Program. The clinical records lack documentation that the patient has undergone a functional capacity evaluation to define objective goals. According to the clinical documentation provided and current MTUS guidelines; a Functional Restoration Program is not indicated as a medical necessity to the patient at this time.