

Case Number:	CM15-0047738		
Date Assigned:	03/19/2015	Date of Injury:	09/10/2013
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/13/2015

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: New Jersey, New York
 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 is a 55-year-old female, who sustained an industrial injury on 9/10/13. The injured worker was diagnosed as having shoulder pain, carpal tunnel syndrome and knee pain. Treatment to date has included oral medications including opioids, physical therapy and home exercise program. Currently, the injured worker complains of pain partially relieved by medications. Physical exam noted restricted range of motion of shoulder and tenderness to palpation over patella with mild effusion in the right knee. The treatment plan consisted of continuing medications with tapering of Norco and starting functional restoration group.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial, 10 sessions of Functional Restoration Program: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program (Functional Restoration program) Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 49.

Decision rationale: The request is considered medically necessary. A FRP would be indicated in a patient who has failed conservative treatment and is without any other options that would improve her symptoms which applies to this patient. The patient is not a candidate for other modalities such as surgery or other treatments. The patient had some improvement with treatment but continues with inability to return to work, to do all ADL's, and to drive long distance. Her ability to leave her home and socialize has been hindered due to chronic pain and has contributed to the development of mood disorders. The patient is motivated and has a support system that would contribute to her success in a functional restoration program. Therefore, the request is considered medically necessary.