

<b>Case Number:</b>	CM15-0087082		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	11/10/2014
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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, Sports 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 is a 57 year old male, who sustained an industrial injury on 11/10/14. He reported right sided chest pain and sustained a diaphragmatic rupture status post a motor vehicle accident. The injured worker was diagnosed as having diaphragm paralysis, posttraumatic stress disorder, rib pain, chest wall contusion, anxiety disorder and gastroesophageal reflux disease. Treatment to date has included VATS surgery, physical therapy, oral medications, home exercise program and psychotherapy sessions. Currently, the injured worker complains of intermittent indigestion and bloating, right sided flank pain and anxiousness and trouble sleeping. Physical exam noted tenderness on palpation along right chest wall, absent breath sounds at base of right lung and right basilar crackles. The treatment plan included a Functional Capacity Evaluation and additional psychotherapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, pages 132-139.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 49.

**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. MTUS guidelines state the following: Functional restoration can be considered if there is a delay in return to work or a prolonged period of inactivity. The goals of the program are to help the individual re-assume primary responsibility for their well-being. According to the clinical documentation provided and current MTUS guidelines; the chronic pain functional rehab consultation/functional restoration program is indicated as a medical necessity to the patient at this time.