

Case Number:	CM15-0089872		
Date Assigned:	05/14/2015	Date of Injury:	03/15/2011
Decision Date:	06/15/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/11/2015

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: North Carolina
 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 53-year-old male, who sustained an industrial injury on 3/15/2011. He reported injury to multiple body parts following a fall. The injured worker was diagnosed as having status post fall with multiple body parts injury, left wrist fracture with status post-surgical repair, right wrist fracture with status post-surgery, right knee surgery with status post-surgical repair, right elbow injury with status post-surgical repair, and two rib fractures. Treatment to date has included medications, physical therapy, psychotherapy, and functional restoration program. The request is for 8 days of functional restoration program aftercare. On 3/2/2015, he reported being better able to manage his chronic pain from attending functional restoration program. On 3/12/2015, subjective findings are not noted. Objective findings are tenderness of bilateral wrists, right elbow, right shoulder and right knee. He is noted to be attending a functional restoration program, and to be benefitting from the treatment. His medication is noted to have been reduced to an as needed basis. On 3/12/2015, subjective findings are not noted. Physical findings are noted to be bilateral wrists positive tenderness and painful range of motion; right knee with mild tenderness; right elbow and right shoulder positive for tenderness and painful range of motion. The treatment plan included: medication management, and functional restoration program continuation. On 4/6/2015, he is reported to be completing a functional restoration program and beneficial effect from the treatment. The treatment plan included: medication management, exercises, and follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

FRP aftercare 8 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, post functional restoration program care.

Decision rationale: The California MTUS and ACOEM do not directly address the requested service. The ODG section on post functional restoration program care should be well documented and provided to the referring physician. The patient may require time limited, less intensive post treatment with the program itself. Defined goals of these interventions and planned duration should be specified. The provided clinical documentation for review does not meet these ongoing criteria and therefore the request is not medically necessary.