

Case Number:	CM14-0139255		
Date Assigned:	09/05/2014	Date of Injury:	01/09/2013
Decision Date:	10/16/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	08/28/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 59 year old male was reportedly injured on 1/9/2013. The mechanism of injury is noted as being struck by a door. The most recent progress note, dated 6/20/2014, indicates that there were ongoing complaints of left sided chest wall pain and left shoulder pain. The physical examination demonstrated a well-developed, well groomed, and well-nourished patient in no distress. Mood and affect our appropriate. No musculoskeletal examination was performed on the status service. Recent diagnostic study was not available for review. Previous treatment includes medications, functional restoration program for 6 weeks, and modified duty. A request had been made for functional restoration program aftercare sessions #6, and was not certified in the pre-authorization process on 8/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program aftercare sessions (quantity 6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34.

Decision rationale: Functional restoration programs (FRPs) combine multiple treatments to include psychological care, physical therapy, and occupational therapy for patients who are motivated to improve and return to work. Patients should not be a candidate for surgery or other treatments that would clearly be warranted, and are required to meet selection criteria per MTUS guidelines. After review of the available medical records, the claimant does not meet required criteria as there is no significant documentation provided in the treatment records from his previous participation in 20 days of a functional restoration program. I was unable to identify documentation for the medical necessity of completion of program aftercare sessions. Therefore, this request is not medically necessary.