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| Case Number: | CM14-0086960 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 04/20/2010 |
| Decision Date: | 09/26/2014 | UR Denial Date: | 06/03/2014 |
| Priority: | Standard | Application Received: | 06/10/2014 |

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 injured worker is a 67-year-old female who was reportedly injured on April 20, 2010. The mechanism of injury is noted as a trip and fall. The most recent progress note dated May 30, 2014, indicates that the injured employee is a good candidate to participate in a functional restoration program as or has been no improvement other conservative measures. A functional restoration program evaluation dated May 7, 2014, also states that the injured employee is a good candidate for participation. Injured employee has complaints of multiple body parts to include the lower back, right knee, and right shoulder. No physical examination was performed on this date. Diagnostic imaging studies of the lumbar spine showed a grade 1 spondylolisthesis of L5 on S1 and a disc bulge at L4 - L5 as well as a disc protrusion at L1 - L2. A magnetic resonance image the right shoulder showed rotator cuff tendinosis and a small partial tear along with acromioclavicular arthrosis. Previous treatment includes right shoulder surgery, chiropractic treatment, physical therapy, the use of a transcutaneous electrical nerve stimulation unit, and lumbar epidural steroid injections. A request was made for 10 days participation in a functional restoration program and was not certified in the pre-authorization process on June 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Days of Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines) Chronic Pain Programs Page(s): 30-34 of 127.

Decision rationale: Despite the findings and rationale of the notes dated May 7 and May 30, 2014, there is no documentation that states that the injured employee has a significant loss of ability to function independently resulting from chronic pain. Considering this, this request for participation in 10 days of a functional restoration program is not medically necessary.