

Case Number:	CM15-0113699		
Date Assigned:	06/22/2015	Date of Injury:	03/23/2014
Decision Date:	07/31/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/12/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 was a 28 year old female, who sustained an industrial injury, March 23, 2014. The injury was sustained when the injured worker was taking boards off a wall when a 200 pounds of resin plywood boards fell knocking the injured worker face down onto the ground. The injure worker suffered three pelvic fractures involving the pubis and two in the sacrum. The injured worker also suffered concussion as well as superficial wounds to the face. The injured worker previously received the following treatments lumbar spine MRI, physical therapy, Trazodone, Aquatic therapy and functional restoration program. The injured worker was diagnosed with status post public ramus and sacral fractures nondisplaced, status post contusion, chronic lumbar sprain/strain, sciatic neuralgia and posttraumatic stress disorder and anxiety. According to progress note of February 26, 2015, the injured worker's chief complaint was pelvis injury. The injured worker continued to have lower back pain and posterior lateral hip pain. The injured worker had a small labral tear which conservative treatment was recommended. The physical exam noted slight favoring of the right lower extremity. There was some tightness and pain from the right hip to the knee with internal rotation and adduction of the hip. There was some muscle tenderness over the posterior hip and gluteal region. The treatment plan included E & M services were counseling services with multi-disciplinary evaluations and treatment efforts including physical therapy, EMG testing, hip orthopedic surgery consultation and additional medical pain management and psychological treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program, 5 sessions per week for 6 weeks for the pelvis and concussion: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-33.

Decision rationale: Functional restoration program, 5 sessions per week for 6 weeks for the pelvis and concussion is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Furthermore, the patient must have a significant loss of ability to function independently resulting from the chronic pain. The request for a 6 weeks program exceeds the MTUS recommendations for a 2-week trial. Furthermore, the documentation dated 4/28/15 states that the patient walks in the park 3 times per week; feeds her dogs, makes phone calls, runs errands and performs minimal household duties, and can do light cooking and cleaning. Therefore, the documentation does not suggest that the patient has a significant loss of ability to function independently from chronic pain and this program is not medically necessary.