

Case Number:	CM15-0118252		
Date Assigned:	06/26/2015	Date of Injury:	03/15/2012
Decision Date:	07/27/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/18/2015

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 is a 48 year old female who sustained an industrial injury on 03/15/12. Initial complaints and diagnoses are not available. Treatments to date include left shoulder surgery and right carpal tunnel release. Diagnostic studies are not addressed. Current complaints include bilateral elbow, left shoulder, bilateral hands, land left neck pain. Current diagnoses include left shoulder pain, myofascial pain, and vocational interruption. In a progress note dated 05/13/15 the treating provider reports the plan of care as a Functional Restoration Program, with either transportation or hotel. The requested treatments include a Functional Restoration Program, with either transportation or hotel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration program for 16 days with daily transportation or local hotel stay:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program. Decision based on Non-MTUS Citation Official Disability Guidelines, Transportation (to & from appointments).

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 for 16 days with daily transportation or local hotel stay is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that chronic pain programs may be appropriate if the patient has a significant loss of ability to function independently resulting from the chronic pain Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The documentation does not indicate that the patient has significant loss of ability to function independently. Additionally the request exceeds the 2-week trial recommended by the MTUS. This request for a functional restoration program is not medically necessary.