

Case Number:	CM15-0177826		
Date Assigned:	09/18/2015	Date of Injury:	04/30/2010
Decision Date:	10/21/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/09/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 64 year old female injured worker suffered an industrial injury on 4-30-2010. The diagnoses included right shoulder impingement, neck sprain, thoracic sprain, right hip sprain, displacement of the lumbar intervertebral disc without myelopathy, degeneration of the lumbar intervertebral disc and knee pain. On 6-30-2015 the treating provider reported right hip pain, low back pain, mid back pain and neck pain. The provider reported there was a multidisciplinary evaluation conference attended by the provider, the physical therapist and a psychologist. "It was felt that with a full process of interdisciplinary functional restoration that she would achieve a light work capacity by the conclusion of the program." As part of the psychological testing a Patient Health Questionnaire and Brief Pain Inventory was performed. Prior treatments included physical therapy and pain psychology. The diagnostics included electromyography studies. The Utilization Review on 8-11-2015 determined non-certification for Functional restoration program (2 weeks, ten days, sixty hours).

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program (2 weeks, ten days, sixty hours): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Functional Restoration Program. The clinical records lack documentation that the patient has undergone a functional capacity evaluation to define objective goals. According to the clinical documentation provided and current MTUS guidelines; a Functional Restoration Program is not medical necessary to the patient at this time.