MAXIMUS Federal Services

Case Number:	CM15-0062483		
Date Assigned:	04/08/2015	Date of Injury:	03/15/2011
Decision Date:	05/08/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/02/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52-year-old male, who sustained an industrial injury on 3/15/11. He reported pain in bilateral wrists, right knee, right elbow, and right shoulder. The injured worker was diagnosed as having left wrist fracture status post-surgical repair, status post right knee surgery, and status post- right elbow surgical repair. Treatment to date has included medications, home exercise, and a functional restoration program. A MRI of the right elbow performed on 6/11/13 revealed posttraumatic osteoarthritis, chondral fissuring, small intra articular bodies about the radiocapitellar joint, and thickening of lateral supporting structures. A MRI of the right shoulder performed on 1/10/13 revealed supra and infraspinatus tendinosis with intrasubstance tearing and probable limited tearing of the superior and anterior labra. Currently, the injured worker complains of tenderness in bilateral wrists, right knee, right elbow, and right shoulder. The treating physician requested authorization for a 2-week functional restoration program. The injured worker reported benefit from a functional restoration program and wished to continue. The treating physician noted medication usage has been decreased due to the functional restoration program. 6 weeks have been completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program for two weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page(s): 30-34 and 49 of 127.

Decision rationale: Regarding the request for a functional restoration program, California MTUS notes that treatment in a functional restoration program should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). Within the medical information available for review, there is improvement noted within the program, but 6 weeks of treatment have been completed and there is no indication that the requested 2 additional weeks would not exceed the equivalent of 20 full-day sessions and there is no indication as to why the patient would be unable to transition to an independent home program after 6 weeks of treatment. In the absence of clarity regarding the above issues, the currently requested functional restoration program is not medically necessary.