

Case Number:	CM15-0076590		
Date Assigned:	04/28/2015	Date of Injury:	07/23/2013
Decision Date:	06/11/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/21/2015

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: Massachusetts

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 55 year old female, who sustained an industrial injury on July 23, 2013. The injured worker reported low back pain due to fall. The injured worker was diagnosed as having cervical strain and radiculopathy, lumbar strain with radicular symptoms, right rotator cuff tendinitis and impingement syndrome and bilateral carpal tunnel syndrome. Treatment and diagnostic studies to date have included therapy, magnetic resonance imaging (MRI), and self-care. A progress note dated February 2, 2015 the injured worker complains of neck, bilateral shoulder and wrist and back pain. Physical exam notes cervical, thoracic and lumbar tenderness with decreased range of motion (ROM) and bilateral shoulder and wrist tenderness. X-rays were reviewed. There is a request for functional restoration therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 functional restoration therapy treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 30.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (functional restoration programs), p30-32 (2) Functional restoration programs, p49.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for neck, shoulder, wrist, and back pain. Treatments have included medications and physical therapy. When seen, there was decreased range of motion and spinal tenderness. Functional restoration programs are recommended for selected patients with chronic disabling pain. Criteria include an adequate and thorough evaluation, including baseline functional testing. In this case, the claimant has not been evaluated for a functional restoration program and therefore requesting treatments is not medically necessary.