

Case Number:	CM13-0029020		
Date Assigned:	11/01/2013	Date of Injury:	10/22/2010
Decision Date:	02/04/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50 year-old sustained an injury on 10/22/10 while employed by [REDACTED]. Request under consideration include screening evaluation for a multidisciplinary pain program and functional restoration program. Report of 3/29/13 from [REDACTED] indicated the patient underwent right knee manipulation under anesthesia with arthroscopic lysis of adhesions with 18 postoperative physical therapy visits authorized. Report of 7/9/13 from [REDACTED] noted right knee pain of 7-8/10 associated with occasional numbness and tingling, relying on a cane when walking. Medications included hydrocodone, Motrin, Robaxin, and Prilosec with plan for FRP evaluation. Report of 7/16/13 from UR non-certified the request for FRP evaluation noting the patient should have a significant loss of ability to function independently resulting from chronic pain and should not be a candidate where surgery or other treatments would be warranted, in light of recent post-operative course. Report from [REDACTED] dated 7/18/13 indicated that he perceived the patient has some secondary gains that she is not make an attempt to fully rehabilitate and recover; therefore, he requests for screening evaluation for a multidisciplinary pain program with functional restoration center. Request was then non-certified on 8/26/13, citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

One multidisciplinary pain program and functional restoration program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Functional Restoration Programs) Section Page(s): 30-34.

Decision rationale: This 50 year-old female sustained an injury on 10/22/10 while employed by [REDACTED]. Request under consideration include screening evaluation for a multidisciplinary pain program and functional restoration program. Report of 3/29/13 from [REDACTED]. [REDACTED] indicated the patient underwent right knee manipulation under anesthesia with arthroscopic lysis of adhesions with 18 postoperative physical therapy visits authorized. Report from [REDACTED] dated 7/18/13 indicated that he perceived the patient has some secondary gains that she is not make an attempt to fully rehabilitate and recover; therefore, he requests for screening evaluation for a multidisciplinary pain program with functional restoration center. It appears the patient is not motivated to return to any form of work and although is utilizing a cane, can still function independently without need of formal therapy. There is also no reported psychological component except for possible secondary gain which do not meet guidelines criteria for FRP evaluation or otherwise. Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/ psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above as the patient has unchanged symptoms and clinical presentation without any aspiration to return to work. The request for one screening evaluation for a multidisciplinary pain program and functional restoration program is not medically necessary or appropriate.