

Case Number:	CM13-0036466		
Date Assigned:	12/13/2013	Date of Injury:	03/13/2007
Decision Date:	02/13/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/21/2013

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 Internal Medicine, Pulmonary 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57-year-old male who reported an injury on 03/13/2007. The mechanism of injury was noted to be a fall. His diagnoses include internal derangement of the knee, pain in the limb, and lumbar disc displacement. The patient was noted to have previously completed 25 functional restoration program visits over a period of 5 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Functional Restoration Program (FRP) 20 days: 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) Page(s): 30-32.

Decision rationale: The California MTUS Guidelines state that functional restoration programs may be recommended for patients with significant loss of the ability to function as a result of chronic pain; who have not responded to other treatments; who are not candidates for surgery; who exhibit motivation to change; and when an adequate evaluation has been made. The guidelines further specify that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Moreover,

treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The patient was noted to have previously completed 25 functional restoration program visits over a period of 5 weeks. Therefore, the patient's treatment has exceeded the guideline recommendations. The clinical information provided for review failed to show a specific rationale for the requested extension with goals to be achieved. In the absence of this documentation, the request is not supported.