

Case Number:	CM13-0055807		
Date Assigned:	12/30/2013	Date of Injury:	12/30/2003
Decision Date:	03/31/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/21/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 49-year-old male who reported an injury on 12/30/2003. The mechanism of injury was noted to be the patient was in the back of a tractor-trailer and the trailer began to move and the patient fell to both of his knees. The patient had specific injury to his bilateral knees and was status post 2 ACL (anterior cruciate ligament) reconstructions in the right and left knee each, per the documentation submitted for appeal dated 10/11/2013. The patient had significant psychological distress, per the documentation, and had frequent psychological treatment with little improvement. The patient was noted to be spending all of his time in a wheelchair in the home and in a motorized scooter when leaving the house, despite injury to the knees, which was opined to be relatively straight forward per the physician. Additionally, it was indicated that they would be addressing the negative predictors of success as the patient did not appear to have a negative relationship with the employer or supervisor. They further indicated that an adequate and thorough evaluation would be made, including baseline functional testing at the initial evaluation of the [REDACTED]. Additionally, it was indicated that on page 4 of the psychological evaluation, the physician opined the only way for the patient to make progress was from a participation in a functional restoration program. The patient's diagnoses were noted to include pain in the joint lower leg, status post ACL reconstruction, and bilateral knee osteoarthritis. The request was made for an initial evaluation for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

initial evaluation for a functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FRP, Chronic Pain Program, Functional Restoration Program Page(s): 30-32.

Decision rationale: California MTUS Guidelines indicate that the criteria for entry into a functional restoration program includes an adequate and thorough evaluation that has been made including baseline functional testing so follow-up with the same test can note functional improvement, documentation of previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, documentation of the patient's significant loss of the ability to function independently resulting from the chronic pain, documentation that the patient is not a candidate for surgery or other treatments would clearly be warranted, documentation of the patient having motivation to change and that they are willing to forego secondary gains including disability payments to effect this change, and negative predictors of success has been addressed. Additionally it indicates the treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Clinical documentation submitted for review, while indicating the patient met most of the above criterion, failed to indicate the patient had an adequate and thorough evaluation prior to entry into the functional restoration program. It was indicated the patient would undergo the testing once in the program. There is lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for initial evaluation for a functional restoration program is not medically necessary