

Case Number:	CM13-0064478		
Date Assigned:	01/03/2014	Date of Injury:	06/10/2011
Decision Date:	05/19/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/11/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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/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 injured worker is a 46-year-old male who reported an injury on 06/10/2011. The mechanism of injury was not stated. Current diagnoses included lumbar radiculopathy, ankle pain, and knee pain. The injured worker was evaluated on 09/20/2013. Physical examination revealed restricted lumbar range of motion, positive straight leg raising on the left, 5/5 muscle strength, normal reflexes, limited range of motion of bilateral knees, and allodynia in the left lower extremity. The treatment recommendations included a functional restoration program evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 FUNCTIONAL RESTORATION PROGRAM PART-DAY SESSIONS, 69 HOURS WITH TRANSPORTATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 30-33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Transportation

Decision rationale: California MTUS Guidelines state functional restoration programs are recommended. An adequate and thorough evaluation should be made. There should be evidence that previous methods of treating chronic pain having been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Total treatment duration should generally not exceed 20 full day sessions. As per the documentation submitted, there is no mention of an exhaustion of conservative treatment prior to the request for a functional restoration program. Physical examination only revealed restricted range of motion. The injured worker demonstrated 5/5 motor strength. There is no documentation of a significant loss of the ability to function independently. Furthermore, Official Disability Guidelines state transportation to and from appointments is recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self transport. There is no indication that this injured worker is unable to provide self-transport. There is also no mention of a contraindication to public transportation. The medical necessity has not been established. Based on the clinical information received, the request is not medically necessary.