

Case Number:	CM13-0069740		
Date Assigned:	01/03/2014	Date of Injury:	01/23/2003
Decision Date:	05/28/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/23/2013

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 Occupational Medicine 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 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 patient is an employee of [REDACTED] and has submitted a claim for neck, low back, and left knee pain with an industrial injury date of January 23, 2003. Treatment to date has included medications, physical therapy, chiropractic treatment, lumbar facet injections, and left knee arthroscopy with medial meniscectomy and chondroplasty. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of neck pain with bilateral upper extremity pain, low back pain with right lower extremity pain, and left knee pain, rated 5 on VAS. The patient also complained of urinary urgency. On physical examination, the left knee had mild to moderate effusion. Anterior drawer and patellar apprehension signs were negative. Utilization review from December 11, 2013 denied the request for functional restoration program because there was no evidence of evaluation to see if the patient was a candidate for functional restoration.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Guzman J, Esmail R, Karjalainen K, Malmivaara A, Irvin E, Bombardier C, Multidisciplinary bio-psycho-social rehabilitation for chronic low back pain, Cochrane Database Syst Rev 2002;(1):CD000963. University of Manitoba Faculty of Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

Decision rationale: According to page 31-32 of the Chronic Pain Medical Treatment Guidelines, criteria for functional restoration program participation include an adequate and thorough evaluation including baseline functional testing; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; there is significant loss of ability to function independently; the patient is not a candidate where surgery or other treatments would clearly be warranted; the patient exhibits motivation to change; and negative predictors of success have been addressed. In this case, a thorough evaluation describing the patient's baseline functional capacity was not included in the medical report. Furthermore, there was no discussion regarding failure of previous methods for treating chronic pain. The records also do not show that the patient has lost her ability to function independently. Moreover, there was no discussion regarding disqualification from future surgical plans. Negative predictors have not been addressed. The criteria were not met; therefore, the request for a functional restoration program is not medically necessary and appropriate.