

Case Number:	CM14-0002502		
Date Assigned:	01/24/2014	Date of Injury:	05/16/2005
Decision Date:	06/20/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/07/2014

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 a 51-year-old male who has submitted a claim for right knee trauma status post arthroscopic surgery, lateral epicondylitis, myofascial pain syndrome, and lumbar disc degeneration associated with an industrial injury date of May 16, 2005. The medical records from 2012 to 2014 were reviewed. The patient complained of persistent pain at the low back, bilateral knees, feet, and right shoulder. Physical examination revealed tenderness and muscle spasm at the parathoracic and paralumbar regions. Range of motion was restricted. Gait was antalgic. Deep tendon reflexes were equal and symmetric. Sensation was intact. The report from [REDACTED], dated December 10, 2013, cited that patient completed functional restoration program in November 2013 and was educated about the cause of his pain. He is not a surgical candidate. He has attempted to return to employment and has been successfully briefly. The patient has modified work duties include 25 pounds lift and carrying restriction, working below shoulder level, and avoidance of repeated bending, stooping, and similar activities. The patient accepted the responsibilities for doing his goal-setting activity monitoring. The treatment to date has included right knee arthroscopic surgery, physical therapy, and medications such as opioids, Tizanidine, Trazodone and nortriptyline. A utilization review from December 9, 2013 denied the requests for [REDACTED] remote care once a week for 4 months because the guidelines only recommend that initial treatment should last no longer than two weeks without evidence of efficacy; and inter-disciplinary reassessment because patient was already certified with 5 weeks of functional restoration program without evidence of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

REMOTE CARE ONCE A WEEK FOR 4 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (functional restoration programs)..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The CA MTUS does not address aftercare following functional restoration program (FRP). The Official Disability Guidelines (ODG) states that treatment post functional restoration program should be well documented and provided to the referral physician. The patient may require time-limited, less intensive post-treatment with the program itself. Defined goals for these interventions and planned duration should be specified. In this case, the patient has completed five weeks of functional restoration program. An integrative summary report, dated November 22, 2013, evaluated the negative predictors of success which include negative relationship with employer, poor work satisfaction, negative outlook, psychosocial distress, pre-treatment levels of pain, among others. Medical goals included optimization of opiate use; functional goals included increased tolerance in walking from 20 to 60 minutes. The patient was able to achieve both goals after the program. Current functional activities include cooking, doing household chores, attending church, and planning a yard sale. He demonstrated pacing intermittently, ignoring pain intermittently, using relaxation techniques intermittently, among others. The rationale for this request is to transition patient into a remote care program that will focus on application of learned skills to the home and work environment. However, it is unclear why regular office visits would not suffice, especially given the patient's reported progress with FRP participation. The program constituents are vaguely described and will not necessarily constitute medical treatment, such as vocational training and education. Therefore, the request is not medically necessary.

INTERDISCIPLINARY REASSESSMENT: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (functional restoration programs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, pg. 132-139.

Decision rationale: As stated in the ACOEM Guidelines, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. FCEs may establish physical abilities and facilitate the return to work. In this case, the patient has completed five weeks of functional restoration program. An integrative summary report, dated November 22, 2013, revealed that patient was able to achieve both medical and functional goals after the program. Transition of the functional restoration program into remote

care has not been deemed medically necessary; but it is appropriate to re-assess the patient. The ACOEM guideline criteria have been met. Therefore, the request is medically necessary.