

Case Number:	CM14-0019694		
Date Assigned:	04/28/2014	Date of Injury:	12/07/2012
Decision Date:	07/08/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/18/2014

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 Physical Medicine and 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 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 50 year old female who reported a knee injury from a fall on 12/7/12. The functional restoration program note dated 4/21/14 reported that the injured worker was working on education to continue her home exercise program with physical therapy and an increase in her physical endurance. The injured worker complained of right knee pain and arm pain that radiated into her shoulder. She also reported better function with her activities of daily living with more independence. Her prescribed medication list included Norco, Ativan, Ambien, Zoloft, Gabapentin, Boniva, and Protonix. The injured worker has completed 20 days of an interdisciplinary functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT PSYCHOLOGIST EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS) Page(s): 30-34.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that, with functional restoration programs, there is an interdisciplinary approach that must first be established prior to starting a functional restoration program. The injured worker had already undergone a psychological evaluation prior to admittance into the program and it was unclear in the medical records a rationale for the medical necessity for additional evaluations. As such, the request is not medically necessary.

INTERDISCIPLINARY FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS) Page(s): 30-34.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that the total treatment duration of a functional restoration program should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. The injured worker has already completed 20 days of the interdisciplinary functional restoration program. Within the medical records it was unclear of any extenuating circumstances to extend the program beyond the guidelines recommended duration. As such, the request is not medically necessary.