

Case Number:	CM14-0112453		
Date Assigned:	08/01/2014	Date of Injury:	03/22/2014
Decision Date:	09/09/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/17/2014

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 Preventive 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:

According to the records made available for review, this is a 40-year-old male with a 3/22/14 date of injury. At the time (7/2/14) of request for authorization for Functional Restoration Program 3 times per Week for 6 Hours a day times 6 Weeks for Left Leg, there is documentation of subjective (severe left leg pain, facial pain, depression/anxiety, and significant impairment with performing activities of daily living) and objective (limping gait, shorter left leg when compared to the right, tenderness to palpation over the left femur; and tenderness to palpation over the bridge of the nose) findings, current diagnoses (pain in knee/leg joint, atypical facial pain, major depressive disorder, pain disorder, and PTSD), and treatment to date (status post left leg open reduction and internal fixation, physical therapy, medications, and activity modification). In addition, medical reports identify that the patient is a candidate for a functional restoration program; injections and medications would be of no help; the patient is not a candidate for surgery or interventions; negative predictors of success have been addressed; psychological clearance has been obtained; and the patient is motivated to return to work. There is no documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program 3 x per Week for 6 Hours a day s 6 Weeks for Left Leg:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of a functional restoration/chronic pain program. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documentation by subjective and objective gains. Within the medical information available for review, there is documentation of diagnoses of pain in knee/leg joint, atypical facial pain, major depressive disorder, pain disorder, and PTSD. In addition, there is documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change. However, despite documentation that the patient is a candidate for a functional restoration program and has received psychological clearance, there is no documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement. In addition, the proposed frequency and duration of the requested Functional Restoration Program exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for Functional Restoration Program 3 times per Week for 6 Hours a day times 6 Weeks for Left Leg is not medically necessary.