

Case Number:	CM14-0139500		
Date Assigned:	09/05/2014	Date of Injury:	08/07/2012
Decision Date:	11/05/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/28/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 44 year-old male who reported an injury on 08/07/2012. The injury occurred while the injured worker was carrying a 6x12 foot beam with a co-worker who dropped it, and he supported the beam's weight and heard a pop in his right knee. The diagnoses included complex regional pain syndrome of the right leg, arm, shoulder, hip/pelvis, low back pain and opioid dependency. Past treatments included medications, physical therapy, a home exercise program, right knee steroid injections, the use of a leg brace, and right lumbar sympathetic and nerve blocks. Diagnostic studies included x-rays of the right knee. The injured worker underwent a right knee arthroscopy in March 2013, and a left knee surgery in 1993. It was noted on 08/13/2014 that the injured worker reported right leg, knee, and foot pain. The physical examination findings revealed an antalgic gait, inability to heel/toe walk, flexion at 90 degrees, extension at 20 degrees, right quadriceps strength 4/5, left 5/5, dorsiflexion and plantar flexion 5/5 bilaterally. Further findings revealed patellar reflex was 1+ bilaterally, Achilles reflex was 1+ bilaterally, there was increased hair growth of the right leg, color change of the right foot and right lower leg, purplish reddish in color. The temperature of the right foot was 81.5 degrees, right lower leg was 87.8 degrees. The right ankle flexion was lacking 15 degrees, he was unable to curl toes of the right foot, right leg extension was 100 degrees and there was hypoesthesia in the right upper lateral thigh, right lower leg and right foot with touch. Medications included hydrocodone and aleve. The treatment plan was for one multidisciplinary evaluation for a functional restoration program to provide education on appropriate pain control strategies, exercise, flare up control, relaxation, biofeedback, self-management, thus allowing him to begin renormalizing his life. The request for authorization form was submitted for the review and signed on 08/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MULTIDISCIPLINARY EVALUATION FOR A FUNCTIONAL RESTORATION PROGRAM TO INCLUDE: 1 EVALUATION BY A PAIN PHYSICIAN, 1 EVALUATION BY A PSYCHOLOGIST, PSYCHOLOGICAL TESTING, 1 EVALUATION BY A PHYSICAL THERAPIST, 1 TEAM/GROUP CONFERENCE, AND AN EXTENDED CONFERENCE WITH PATIENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs, Page(s): page 49.

Decision rationale: The request for one multidisciplinary evaluation for a functional restoration program is not medically necessary. The California MTUS Guideline state that functional restoration programs are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time. The injured worker has a history of right leg, knee, and foot pain. The injured worker has been treated with medications, physical therapy, a home exercise program, right knee steroid injections, the use of a leg brace, right lumbar sympathetic and nerve blocks with limited pain relief. The injured worker was prescribed a trial of the antidepressant Cymbalta on 08/13/2014 to address symptoms of depression and it was noted in the medical record that there would be an evaluation of the injured worker's response to the medication. There was no follow-up documentation within the medical record regarding this evaluation to use as part of the criteria to determine if the injured worker is a candidate for a functional restoration program. There was a lack of documentation within the medical record reflecting the injured worker's functional status in relation to the completion of activities of daily living and no measurable objective documentation of his pain level. In the absence of this documentation it is difficult to ascertain if the injured worker is a candidate for a functional restoration program. As such, the request is not medically necessary.