

Case Number:	CM14-0156456		
Date Assigned:	09/25/2014	Date of Injury:	09/17/2012
Decision Date:	12/12/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/24/2014

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 & Rehabilitation, 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:

This is a 58-year-old female with a 9/17/12 date of injury. She began having pain in the bilateral hands, low back, and bilateral knees when she worked as a cashier. According to a progress report dated 8/11/14, the patient continued to complain of constant low back pain, bilateral knee pain, pain around the lateral aspect of the elbow, pain along the volar aspect of the wrist, and mild depression. She stated that she was still motivated to get to a better functional level. Objective findings: normal muscle tone without atrophy in bilateral upper extremities and bilateral lower extremities. Diagnostic impression: bilateral carpal tunnel syndrome, lumbosacral spondylosis, pain in bilateral knees, status post right knee arthroscopy, bilateral medial epicondylitis. Treatment to date: medication management, activity modification, and ESI, surgeries. A UR decision dated 9/3/14 modified the request for functional restoration program from 160 hours to an initial 2 weeks, 6 hours a day, for a total of 60 hours. She has had a history of multiple surgeries, intractable chronic pain syndrome involving multiple body parts, poor response to previous multimodality conservative and medication therapy. Guidelines support an initial 2 weeks of functional restoration program whereas provider is seeking full length of program to begin with.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines criteria for functional restoration program participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; a significant loss of ability to function independently; that the patient is not a candidate where surgery or other treatments would clearly be warranted; that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and that negative predictors of success above have been addressed. In the present case, this is a request for 160 hours in a functional restoration program, or 26 sessions, at 6 hours a day. Guidelines support up to 20 sessions with demonstrated efficacy as documented by subjective and objective gains. However, a UR decision dated 9/3/14 modified the request for functional restoration program from 160 hours to an initial trial of 2 weeks at 6 hours a day, for a total of 60 hours. A specific rationale identifying why this patient requires treatment beyond guideline recommendations at this time was not provided. Documentation of subjective and objective functional improvement is necessary prior to authorization of additional treatment. Therefore, the request for [REDACTED] [REDACTED] Functional Restoration Program for 160 hours is not medically necessary.