

Case Number:	CM14-0053701		
Date Assigned:	07/07/2014	Date of Injury:	07/24/2010
Decision Date:	09/22/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/22/2014

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 Neuromuscular Medicine and is licensed to practice in Arizona. 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 50-year-old female who sustained a work related injury on July 24, 2014 as a result of a slip and fall that injured multiple body areas, to include her lower back with pain that radiates down her leg from a L5-S1 disc herniation with S1 nerve root impingement, left hip and her bilateral knee pain from a right knee lateral meniscal derangement and left knee degenerative arthritis. Since then she has complained of right knee pain and lower back pain. The patient has undergone surgeries to both her knees and had a left hip arthroplasty. She's had the benefit of physical therapy, pain medications and four weeks of a functional restoration program. In dispute is a decision for two additional weeks of a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional two weeks of the functional restoration program: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 49.

Decision rationale: FRPs are recommended as 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. A Cochrane review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. Studies published after the Cochrane review indicates that intensive programs show greater effectiveness, in particular in terms of return to work, than less intensive treatment. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The patient has documented gains in seven of eight measured activities while enrolled in the FRP. Continuance of such treatment is beneficial and allows the patient to become more independent and less dependent upon the medical system.