

Case Number:	CM14-0061799		
Date Assigned:	07/09/2014	Date of Injury:	04/23/1999
Decision Date:	09/16/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/02/2014

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 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 59-year-old male with a reported injury on 04/23/1999. The mechanism of injury occurred when he slipped and fell while standing on the turntable as he was rotating the cable car. The diagnoses included knee joint disease, localized osteoarthritis of the lower leg, abnormality of gait, sciatica, myofascial pain/myositis, adjustment disorder with depressed mood, chronic pain due to trauma, and LS neuritis or radiculitis. There was no previous treatment provided such as physical therapy or home exercise program. The injured worker had an examination on 04/07/2014 with complaints of pain in his bilateral knees and back. Complained of pain radiating down to the calves and described the pain as aching, sharp, stabbing, burning, stinging, nagging, severe, throbbing, and radiating. He rated his pain on a scale of 8/10 and was constant throughout the day. The injured worker reported that the pain was exacerbated by bending, rolling in bed, standing, stress, taking stairs, walking, and weather changes. He reported that it was relieved by laying down and resting, applying heat and ice and relaxation. The injured worker reported that with medications he gets a 20% to 40% relief. His functional tolerance was being able to tolerate sitting for 20 to 25 minutes, standing for 5 to 10 minutes, and walking for 15 to 20 minutes. The injured worker reported that he is able to drive without difficulty although he has some difficulty with bathing, cleaning, cooking, dressing, and grooming. His range of motion of his knees had a flexion on the left of 110 degrees and flexion on the right at 80 degrees, extension on the left was +10 degrees and extension on the right was +20 degrees. His motor strength test was tested at a scale of 4/5 with hip flexion, knee extension, although his right knee extension was a 3/5. Normal testing for the motor strength is a 5/5. His list of medications included pantoprazole, tramadol, Lyrica, and Terocin lotion. The recommended plan of treatment was to continue his medications, to get a motorized scooter for energy conservation, unloader knee braces for increased stability, and a request for the

Functional Restoration Program evaluation for the assessment of the injured worker's candidacy for entry into the program for chronic pain. The Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program evaluation per report dated 04/07/2014 qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs Page(s): 30-34.

Decision rationale: The request for the Functional Restoration Program evaluation is non-certified. The California MTUS Guidelines recommend Functional Restoration Programs where there is access to programs with proven successful outcomes for patients with conditions that put them at a risk of delayed recovery. It is also recommended that patients should also be motivated to improve and return to work. The guidelines recommend the criteria for multiple disciplinary pain management programs should include evaluations including functional testing so that followup with the same test can note functional improvement, previous methods of treating chronic pain that have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, that the patient has a significant loss of ability to function independently, resulting from the chronic pain, that the patient is not a candidate where surgery or other treatments would clearly be warranted, if the patient exhibits motivation to change and is willing to forego secondary gains including disability payments to affect this change, and negative predictors of success above have been addressed. The documentation indicates range of motion and strength showed slight deficits. There was a lack of evidence to support that previous methods of treating have been unsuccessful. There is a lack of documentation indicating prior treatments. There is no mention of the injured worker's desire to return to work and there is documentation indicating the requirements of the injured worker's occupation. The clinical information fails to meet the evidence-based guidelines and to support the need for Functional Restoration Program. Therefore, the request for the Functional Restoration Program is non-certified.