

Case Number:	CM14-0062957		
Date Assigned:	07/11/2014	Date of Injury:	10/04/2011
Decision Date:	09/16/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/01/2014

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, has a subspecialty in Pain Management and is licensed to practice in Texas and Oklahoma. 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 57-year-old male who reported injuries due to continuous trauma on 10/04/2011. His medical diagnoses on 05/30/2014 included osteoarthritis of the bilateral knees with subsequent knee replacements, meralgia paresthetica of the left thigh, and residual posterior tibial reconstruction of the left ankle. His DSM-IV diagnoses included depressive disorder, anxiety disorder, pain disorder associated with a general medical condition and psychological factors, psychosocial problems including loss of job, loss of hobbies, financial difficulties and increased social isolation. In a progress note by his primary treating physician on 05/15/2014, it was noted that "he is continuing a home exercise program for his right knee and doing better functionally. He was having continued low back pain and lacking extension in the left knee, he was having issues with his work accommodations, and he would not be able to return to full work duties". On 05/30/2014, a different physician noted that there was restriction on flexion and extension in both knees and that it was believed that this worker would not be capable of returning to work in his chosen profession. On 06/16/2014, a 3rd physician concurred, stating that this injured worker had very little chance of returning to functional employment and had gone on from Workers' Compensation benefits and would be applying for social security disability. He went on to say that the injured worker seemed satisfied with his current medication and that there was no anticipation that success would be achieved by the expensive functional restoration program that was proposed. The only rationale included in this injured worker's chart was that provided in the initial evaluation done by the proposed functional restoration program staff. A Request for Authorization dated 06/09/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Evaluation (FRP): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-2, 31.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 30-33.

Decision rationale: The request for functional restoration program evaluation (FRP) is not medically necessary. The California MTUS Guidelines may recommend functional restoration programs, although research is still ongoing as to how most appropriately to screen for inclusion in these programs. FRPs were geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Longterm evidence suggests that the benefit of these programs diminishes over time. Occupation rehabilitation programs may be considered medically necessary when all of the following criteria are met: an adequate and thorough evaluation has been made, including baseline functional testing, so follow-up testing 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; the patient exhibits motivation to change and is willing to forego secondary gains, including disability payments, to affect this change. The documentation submitted shows that this injured worker, in the opinion of 3 different physicians, would not be able to return functionally to his chosen profession. Furthermore, it was noted that he would be applying for social security disability benefits. The clinical information submitted failed to meet the evidence-based guidelines for a functional restoration program evaluation. Therefore, this request for functional restoration program evaluation (FRP) is not medically necessary.