

Case Number:	CM14-0065079		
Date Assigned:	07/11/2014	Date of Injury:	10/29/2008
Decision Date:	09/17/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/07/2014

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 56-year-old male who reported injury on 10/29/2008. The mechanism of injury was not documented in submitted report. The injured worker has diagnoses of status post left total knee replacement, left knee arthroscopy, contracture left small finger, left hip greater trochanter bursitis, herniated disc lumbar spine, lumbar radiculopathy, left small toe pain, headache and depression. Medical treatment the injured worker has undergone consists of ultrasound guided intra-articular injections, Synvisc injections, epidural steroid injections, trigger point injections, spinal cord stimulator, surgery, physical therapy, the use of a TENS unit and medication therapy. X-rays of the left knee were performed on 03/14/2014 that demonstrated the following impression: The left knee arthroplasty in near anatomic alignment. The injured worker underwent total knee replacement surgery and left knee arthroscopy. The injured worker is postop 1 week and states that the shooting pain down his left leg is now gone. He states that he is doing well. Physical examination dated 03/21/2014, revealed that the injured worker's left hand was contracted. Neurovascular status was intact. There was swelling of the small finger. He was unable to extend past 45 degrees. Physical examination of the lumbar/thoracic spine revealed that the injured worker had normal lordotic curvature. Negative tenderness in the paralumbar musculature, negative tenderness in the parathoracic musculature. The injured worker was also negative to tenderness to palpation in the posterosuperior iliac spine region. He was negative for tenderness in the SI joints as well. There were no signs of muscle spasming in the paralumbar musculature, motor strength revealed a 5/5 to all muscle groups of the lower extremities. Deep tendon reflexes revealed right knee was 2+, left knee was 2+, right ankle was 2+, left ankle was 2+. Range of motion of the lumbar spine revealed a forward flexion of 60 degrees and extension of 30 degrees. There was pain with extension and lateral bend. The injured worker had negative in the supine and sitting positions bilaterally. Medications consist

of diclofenac XR 100 mg 1 tablet daily, tramadol ER 150 mg 1 tablet daily, omeprazole 20 mg, prophylaxis 30 tablets, Wellbutrin 140 mg 1 tablet daily and compounded medications. The treatment plan is for the injured worker to have a Functional Restoration Evaluation and continue medication. The rationale and the Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration (FR) Multidisciplinary Candidate Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management programs Page(s): 31-32.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that a FRP is medically necessary when an adequate and thorough evaluation has been made, including baseline functional testing, so follow-up with the same test can note functional 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, integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The submitted report did not include any baseline functional testing. The submitted report also lacked any evidence of significant loss of ability to function independently resulting from chronic pain. The submitted documentation did indicate that the injured worker was doing well and that the shooting pain the injured worker had in his leg was gone. Furthermore, this type of treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy documented by subjective or objective gains and the submitted request did not specify duration of treatment. As such, the request for a Functional Restoration Evaluation is not medically necessary.