

Case Number:	CM14-0086382		
Date Assigned:	07/23/2014	Date of Injury:	02/21/2011
Decision Date:	08/27/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/09/2014

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 Interventional Spine 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 patient is a 40-year old with an injury date on 2/21/11. Patient complains of ongoing upper lumbar pain, and left knee pain/swelling that is gradually worsening, left lower extremity weakness, and bilateral hand/feet tingling per 5/20/14 report. His pain is rated 6-8/10, and is getting worse, as his sitting tolerance is 30 minutes, standing/walking is only 5 minutes per 5/20/14 report. Based on the 5/20/14 progress report provided by [REDACTED] the diagnoses are: 1. lumbar strain. 2. thoracic strain. 3. degenerative disc disease of lumbar. 4. lumbar disc displacement. Exam on 5/20/14 showed patient is not using cane today, but has a significant antalgic gait. Cervical tenderness to palpation substantially midline, also right medial scapula and upper scapula increasing with left shoulder abduction to 160 degrees with some increased in medial scapular pain. Left upper extremity radiation as well as elbow pain and numbness/tingling in fingers bilaterally. Lumbar is grossly positive for straight leg raise at 7 degrees with withdrawal. Aching from back down into knee and somewhat distal making it hard to figure out whether it is a knee problem versus a referred pain problem from the back, or both. Knee: mainly suprapatellar tenderness as well as medial joint line tenderness. Leg weakness, right sitting straight leg raise to 90 degrees that is positive for lower extremity radiation on the right. Left foot dorsiflexion EHL (Extensor Hallucis Longus) is weak significantly. [REDACTED] is requesting functional restoration program. The utilization review determination being challenged is dated 6/3/14 and denies request due to lack of documentation that previous methods of treatment have been exhausted, and a lack of psychological evaluation. [REDACTED] is the requesting provider, and he provided treatment reports from 12/11/13 to 5/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Functional restoration programs.

MAXIMUS guideline: decision on the MTUS Chronic Pain Medical Treatment Guidelines, functional restoration programs, pages 30-32.

Decision rationale: MTUS recommends multidisciplinary pain management programs when (1) an adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) The patient has significant loss of function from chronic pain (4) The patient is not a candidate for surgery (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. In this case, the patient has undergone conservative treatment and has not seen significant improvement in symptoms for 3 years, and the physician has asked for an evaluation for FRP (Functional Refractory Period) for patient's post-traumatic arthritis. The patient was functioning at a high functional level in the past prior to losing his job and it is not known why the patient has not worked in a number of years. An evaluation may be appropriate to determine the patient's candidacy for FRP. Therefore, Functional restoration program is medically necessary.