

Case Number:	CM14-0174862		
Date Assigned:	10/28/2014	Date of Injury:	05/17/2012
Decision Date:	01/09/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/22/2014

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 Internal Medicine 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 (IW) is a 46-year-old man with a date of injury of May 17, 2012. While climbing a ladder, he subsequently fell backwards, striking his back on a hard structure and felt discomfort in the left knee and left lower extremity. The IW underwent left knee arthroscopy on February 1, 2013. The IW had no significant benefit from the surgery. Current diagnoses include pain in joint, lower leg; disorders of sacrum; and sciatica. Pursuant to the office visit note dated August 29, 2014, the IW complains of chronic low back pain and left knee pain. The low back pain radiated into his left lower extremity. He has completed physical therapy, but has not received much benefit. He reports intermittent swelling of the knee. The IW also reports continued depressive symptoms secondary to chronic pain. He reports that medications help to reduce pain and allow for better function, but continues to be symptomatic. Objective physical findings revealed atrophy in the left lower extremity. The injured worker's gait was grossly normal and non-antalgic. He ambulated into the room without any assistance. Examination of the lumbar spine reveals tenderness to palpation at the lumbosacral junction. Range of motion of the lumbar spine was full with flexion, but decreased by 30% with extension and 30% with rotation bilaterally. Sensation was decreased to light touch along the left lower extremity compared to the right lower extremity. Motor strength is 5/5 bilaterally in the lower extremities. Examination of the left knee revealed tenderness to palpation over the anterior left knee joint. Current medications include Tramadol/APAP 37.5/325 mg #90, Diclofenac Sodium 1.5% cream, and Ketamine 5% cream. The provider is requesting authorization for initial evaluation at the [REDACTED] Functional Restoration Program times 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

160 Hours [REDACTED] Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Functional Restoration Program

Decision rationale: Pursuant to the Official Disability Guidelines, 160 hours in [REDACTED] functional restoration program is not medically necessary. Functional restoration programs (FRP) are recommended for selected patients with chronic disabling pain, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. This includes interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. In this case, the injured workers working diagnoses are pain joint lower leg, disorders sacrum, and sciatica. A progress note dated April 14, 2014 indicates the injured worker presented for a follow-up with persistent low back and left knee pain. There was recurrent swelling in the left knee. Fluid was drained with improvement. The physical examination did not show any significant clinical findings. The patient was in no acute distress, was alert and oriented with a normal gait. The injured worker ambulated without assistance. There was tenderness palpation over the medial knee joint, range of motion of the left knee was decreased by 20%, practice and grinding was present with range of motion and there was no sign of swelling, erythema or warmth of the knee. The injured worker is taking tramadol/APAP 37.5/325 mg one tablet three times a day, PRN. A functional restoration program is indicated when it was chronic disabling pain. The patient should have a significant loss of ability to function as a result of the chronic pain. The clinical objective findings do not reflect a significant loss of ability to function. The findings associated with the low back and knee appeared to be relatively benign. The injured worker ambulates without difficulty and assistance. Consequently, absent the appropriate clinical documentation and clinical indications, the functional restoration program is not medically necessary.