

Case Number:	CM14-0187276		
Date Assigned:	11/17/2014	Date of Injury:	09/10/2010
Decision Date:	01/06/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/10/2014

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 patient is an injured worker with complaints of low back, left hip, left knee, and neck pain. The initial pain and rehabilitative primary treating physician's evaluation report dated 09/24/14. On 09/10/10, the patient was coming down stairs, slipped, and fell forward. She had bruising around her left forearm and left thigh. She states that there were no fractures. She states that she saw a doctor the next day. She states that her treatments have included chiropractic treatment, physical therapy and medication. She states that she was put on modified duty after the injury and worked in modified capacity for three years. She stopped working in October of 2013 because a modified job was not available at her employer. She states that she has been made permanent and stationary. She is currently receiving state disability. Regarding current complaints, she complains of pain in her low back, left hip, left knee, neck and head. The neck pain started last year. She can look after herself normally performing self-care activity, but has extra discomfort in doing so. She can lift and carry light-to-medium objects if they are conveniently positioned. Because of her injury and discomfort, she can only walk a limited distance. She can do moderate activity for at least two minutes. She has a lot of difficulty climbing one flight of stairs. She is unable to sit for two hours. She is unable to stand or walk for two hours. She can reach and grasp things at eye level without difficulty. She can reach and grasp things overhead without difficulty. She can do pushing or pulling activities without difficulty. She can grip, grasp, hold and manipulate objects without difficulty. She has some difficulty with repetitive motions such as typing on a computer. She has some difficulty with forceful activities using her hands. She has a lot of difficulty to not being able to kneel, bend or squat. At this moment, her pain is severe. Her pain is moderate most of the time. Her pain interferes with her ability to travel most of the time. Her pain interferes all of the time and she is unable to engage in social or recreational activities. Her pain interferes with her ability to

concentrate and think most of the time. She has severe depression and anxiety from her injury and discomfort all of the time. She has not worked since October of 2013. She denies any prior workers compensation injuries or any motor vehicle accidents resulting in injury. Medications were Norco, Diclofenac, Citalopram, Loratadine, and Trazodone. Physical examination was documented. The patient is a well-developed, well-nourished woman who did not appear to be in any acute distress. Flexion of the lumbar spine was normal. Extension was 10 degrees. Examination of the hips revealed fear avoidance and pain around the lateral part of the hip. She had pain over the greater trochanter. Examination of the left knee revealed diffuse pain throughout the knee especially in the medial and lateral collateral ligaments. Range of motion of the knees was within normal limits. Anterior drawer was negative bilaterally. She was alert and oriented. Reflexes in both knees were symmetrical. Her Sensory examination revealed decreased sensation in the L5 distribution on the left. On the date of injury, the patient fell forward and injured her left lower extremity and left upper extremity. She has had persistent back pain and radicular pain on the left as well as left knee pain. On examination, there was evidence of greater trochanter bursitis on the left, knee tendinitis and evidence of lumbar radiculitis on the left. A great deal of anxiety and fear avoidance in her was noticed. This can hinder her response to direct medical care. Diagnoses were rule out lumbar disc herniation and lumbar radiculitis, chronic left knee pain, rule out greater trochanteric bursitis on the left. The treatment plan included a request for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ Functional Restoration Program X 160 Hours for the Left Hip, Thigh, Leg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs), Functional Restoration Programs (FRPs),.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses multidisciplinary programs. Chronic pain programs are also called multidisciplinary pain programs, interdisciplinary rehabilitation programs, or functional restoration programs (FRP). These pain rehabilitation programs combine multiple treatments. Patients should be motivated to improve and return to work, and meet the patient selection criteria outlined below. Criteria for the general use of multidisciplinary pain management programs were presented. Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted; (5) The patient exhibits motivation to change, and is willing to forgo secondary gains,

including disability payments to effect this change; & (6) Negative predictors of success have been addressed. Access to programs with proven successful outcomes is required. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. Medical records indicate that the patient is currently receiving state disability. The MTUS criteria require that the patient be willing to forgo secondary gains, including disability payments. Per the MTUS, functional restoration programs (FRP) may be considered medically necessary when all of the MTUS criteria are met. Because one of the MTUS criteria is not met, the request for a functional restoration program (FRP) is not supported. The MTUS indicates that functional restoration programs (FRP) treatment is not suggested for longer than 2 weeks. Therefore, the request for 4 weeks (160 hours) of a functional restoration programs (FRP) is not supported by MTUS guidelines. Therefore, the request for [REDACTED] Functional Restoration Program X 160 Hours for the Left Hip, Thigh, Leg is not medically necessary