

Case Number:	CM14-0194015		
Date Assigned:	12/01/2014	Date of Injury:	06/29/2011
Decision Date:	04/14/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 50 year old female, who sustained an industrial injury on June 29, 2011. The initial symptoms reported by the injured worker were not included in the medical record. The injured worker was diagnosed as having bilateral knee injury, lumbosacral sprain/strain injury, history of left knee surgery and left ankle pain. Treatment to date has included acupuncture, diagnostic studies, home exercises and medications. On October 23, 2014, the injured worker complained of bilateral knee, low back and left ankle pain. Her pain was rated as an 8 on a 1-10 pain scale with the use of over the counter medication. She reported having some difficulty walking and going up and down stairs. Physical examination of the left knee revealed mild tenderness to palpation over the joint line and pain with range of motion. Examination of the lumbar spine showed lumbosacral tenderness to palpation with myofascial tightness along with painful range of motion. Examination of the left ankle revealed mild swelling and tenderness over the medial aspect as well as the base of the heel. She had pain with dorsiflexion. The treatment plan included continuing medications, continuing home exercises as tolerated and the possibility of a multidisciplinary function 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 Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration programs, Chronic pain program.

Decision rationale: Pursuant to the chronic pain medical treatment guidelines and the official disability guidelines, a functional restoration program evaluation is premature and not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system. The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; and adequate thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. If treatment duration and accessible for weeks is required, a clear rationale for the specified extension and reasonable goals to be achieved should be provided. Treatment is not suggested for longer than two weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. It is not suggested that a continuous course of treatment be interrupted at two weeks solely to document these gains, if there are preliminary indications that they are being made on a concurrent basis. Integrative summary reports that include treatment goals, compliance, progress assessment with objective measures and stage of treatment must be made available upon request at least on a biweekly basis during the course of the treatment program. In this case, the injured worker's working diagnoses are bilaterally knee injury: lumbosacral sprain/strain injury; this three left knee surgery; and left ankle pain. The criteria for general use of a multidisciplinary pain management program include the presence of a chronic pain syndrome. The documentation does not provide clinical evidence the injured worker is suffering from debilitating pain. Subjectively, the worker has ongoing pain in multiple body parts including the knee, low back and left ankle. Low back pain has improved with acupuncture. The worker uses over-the-counter Advil and reports her pain as 8/10. She utilizes topical ketoprofen cream with benefit. Objectively, the left knee is tender over the joint line with pain on range of motion. There is tenderness over the lumbosacral spine. Left ankle has mild swelling. The treatment plan indicates overall the low back pain and left knee pain has improved since the electro acupuncture treatment. Medications help with improvement in pain and function and the injured worker tolerates those medications well. She continues home exercises as tolerated at no pain range and uses modalities as needed for pain

control. The treatment plan indicates the patient had prior magnetic resonance imaging scans and plain x-rays that have not been reviewed by the treating/requesting physician. Consequently, absent clinical documentation with debilitating chronic pain, documentation low back pain and left knee pain has improved with electro acupuncture treatment, medications help improve pain and function, and prior diagnostic tests that have yet to be reviewed by the treating physician, a functional restoration program evaluation is premature and not medically necessary.