

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0195954 | | |
| Date Assigned: | 12/03/2014 | Date of Injury: | 09/20/2012 |
| Decision Date: | 01/16/2015 | UR Denial Date: | 10/28/2014 |
| Priority: | Standard | Application Received: | 11/23/2014 |

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 Emergency 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 is a 38 year-old male, who sustained an injury on September 20, 2012. The mechanism of injury occurred from a motor vehicle accident. Treatments have included: medications, physical therapy, February 2013 right knee surgery, TENS, psychotherapy, biofeedback, injections, home exercise program. The current diagnoses are: chronic right knee pain, chronic pain, chronic low back pain, degenerative lumbar spondylosis, pain disorder with psychological condition. The stated purpose of the request for [REDACTED] (Interdisciplinary Pain Rehabilitation Program); 80 hours was to improve psychological symptoms and manage stress. The request for [REDACTED] (Interdisciplinary Pain Rehabilitation Program); 80 hours was denied on October 28, 2014, citing a lack of documentation of rationale as to why the injured worker can not return to work, clearly stated goals. Per the report dated October 30, 2014, the treating physician noted complaints of chronic right knee pain and noted that the injured worker is not a surgical candidate, has significant loss of function, has a strong desire to improve function, has positively been assessed for potential negative predictors of success.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] (Interdisciplinary Pain Rehabilitation Program); 80 hours: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49 and 31-32.

Decision rationale: The requested [REDACTED] (Interdisciplinary Pain Rehabilitation Program); 80 hours, is medically necessary. CA MTUS Chronic Pain Medical Treatment Guidelines, Pg. 49, Functional restoration programs (FRPs), note that functional restoration programs are "Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs," and note "These programs emphasize the importance of function over the elimination of pain," and that treatment in excess of 20 full-day sessions "requires a clear rationale for the specified extension and reasonable goals to be achieved". The request for [REDACTED] (Interdisciplinary Pain Rehabilitation Program); 80 hours was denied on October 28, 2014, citing a lack of documentation of rationale as to why the injured worker can not return to work, clearly stated goals. The injured worker has chronic right knee pain and noted that the injured worker is not a surgical candidate, has significant loss of function, has a strong desire to improve function, has positively been assessed for potential negative predictors of success. The criteria noted above having been met, [REDACTED] (Interdisciplinary Pain Rehabilitation Program); 80 hours is medically necessary.