

Case Number:	CM14-0202500		
Date Assigned:	12/15/2014	Date of Injury:	04/30/2010
Decision Date:	01/30/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/03/2014

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:

This 50 year old female was injured 4/30/10 and sustained injury while working as a parole officer in pursuit of an inmate and was running down a hill, fell and landed on her back resulting in right hip, left knee, lumbar and/ or sacral vertebrae and bilateral upper legs injuries. MRI left lower extremity (6/25/10) noted acute avulsion of the left common hamstring with associated edema/hemorrhage filled defect. MRI (8/9/10) revealed a tiny dorsal protrusion at L5-S1, ventral annular fissure L4-5. MRI of the right hip (9/23/10) revealed favor tendinopathy rather than tear and incidental 2.9 cm right adenexal complex mass. On 5/5/11 the injured worker underwent a right hip arthroscopy, acetaplasty, osteoplasty, debridement of labrum and debridement of the synovium. She had a right SI joint injection (9/8/11) that offered relief for several days. MRI (3/20/12) revealed left knee arthrosis and on 5/1/12 she underwent left total knee arthroplasty. The injured worker complained of low back, left knee, right knee and lower extremity pain. The pain intensity in all mentioned areas was 5-8/10. It was aggravated when weight bearing and with prolonged walking and use. Electromyography/ nerve conduction study (EMG/NCS) done 7/15/13 was normal. Her current pertinent medications include alprazolam, Cymbalta and Percocet. The past significant medical history included injury to left knee (1987) with anterior cruciate ligament reconstruction followed by 8 surgeries. The injured worker reported she could perform activities of daily living normally but with some discomfort. Her diagnoses include lumbar spinal disease/ lumbar discogenic/ facetogenic and myofascial pain; right hip joint pain/ post labral tear/ repair; joint pain-left leg; left greater trochanteric bursitis; residual left thigh spasms/ myofascial pain and undetermined pain right lateral foot. By 2013 the injured worker's lumbar spine and right hip had reached permanent and stationary status; the left knee has reached maximum medical improvement. She continued to experience increasing back pain making sleep difficult 7/21/14. There was a renewed request for aquatherapy sessions as previous sessions

were helpful and oxycodone. In addition to the increased back pain she is experiencing right ankle instability after her total knee arthroplasty (5/12). She reported temporary improvement in the right ankle from cortisone injections. Operative and non-operative options were discussed regarding the right ankle for possible loose body. Physical therapy was requested. Her work status as of 11/14/14 was modified duty and the treatment plan included functional restoration program. On 11/21/14 Utilization Review non-certified the request for Functional Restoration Program based on no documentation of multidisciplinary evaluation requested or completed per MTUS Chronic Pain Medical Treatment Guidelines which were referenced.

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 Chronic Pain Treatment Guidelines Page(s): 30-34,49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30 and 49.

Decision rationale: The chronic pain section states that the functional restoration program is utilized for chronic pain and is a medically directed interdisciplinary pain management program for chronic disabling musculoskeletal disorders which incorporates exercise and psychological treatment. A Cochrane study done showed that this type of program could improve function with lumbar pain. We also note that a patient needs to be motivated and that the therapy includes PT and occupational counseling. The above patient has had right hip arthroscopy with osteoplasty and debridement of the labrum and synovium. She has also had ESI for lumbar pain and left knee arthroplasty for her knee problem. Also, she is on a complex medical regimen for pain control which includes Xanax, Cymbalta and Percocet. We note that on 7/21/14 she was developing increasing back pain making it difficult for her to sleep and that on 11/14/14 she was put on modified work status. A program incorporating exercise and psychological treatment for chronic pain would prove beneficial for this patient with chronic pain who has exhausted most other treatments. Also, PT and occupational counseling should help in her adjustment to her work environment. Therefore, the UR was not justified in its denial of this treatment, and the decision is reversed.