

Case Number:	CM14-0209740		
Date Assigned:	12/22/2014	Date of Injury:	06/10/2010
Decision Date:	02/19/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/15/2014

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 patient is a 57-year-old female who has submitted a claim for pain disorder associated with both psychological factors and orthopedic condition, depressive disorder, sleep disorder, knee pain and lumbago associated with an industrial injury date of 6/10/2010. Medical records from 2014 were reviewed. The patient complained of low back pain and right knee pain. The knee pain was described as constant and stabbing with swelling. Physical examination showed antalgic gait, limited right knee motion, right knee crepitus and tenderness, right knee stable to valgus and varus stress testing, and lumbar muscle tight band and tenderness. The patient underwent a functional capacity evaluation on 11/6/2014. She had loss of ability to function independently from chronic pain. However, she showed excellent motivation to implement behavioral changes for self-management of her condition. The negative predictor of success was identified as her concomitant depressive disorder. However, she had benefited from previous psychotherapy. She had no recent behavioral instability, drug and alcohol addiction and unstable psychosocial circumstances. The plan is to provide 10 sessions of functional restoration program in a two-week period. Treatment to date has included right knee arthroscopy on 2011, medications, aqua therapy, TENS unit, chiropractic care, acupuncture and physical therapy. There is no current plan for a surgical procedure. The utilization review from 12/15/2014 certified the request for initial 10 sessions of functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial 10 sessions of functional restoration program: 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 Functional Restoration Program Page(s): 30-32.

Decision rationale: As stated on pages 30-32 of the CA MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program participation may be considered medically necessary when all of the following criteria are met: an adequate and thorough evaluation including baseline functional testing; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; there is significant loss of ability to function independently; the patient is not a candidate where surgery or other treatments would clearly be warranted; the patient exhibits motivation to change; and negative predictors of success have been addressed. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the patient complained of low back pain and right knee pain. The knee pain was described as constant and stabbing with swelling. Physical examination showed antalgic gait, limited right knee motion, right knee crepitus and tenderness, right knee stable to valgus and varus stress testing, and lumbar muscle tight band and tenderness. Her symptoms persisted despite right knee arthroscopy on 2011, medications, aqua therapy, TENS unit, chiropractic care, acupuncture and physical therapy. The patient underwent a functional capacity evaluation on 11/6/2014. She had loss of ability to function independently from chronic pain. However, she showed excellent motivation to implement behavioral changes for self-management of her condition. The negative predictor of success was identified as her concomitant depressive disorder. However, she had benefited from previous psychotherapy. She had no recent behavioral instability, drug and alcohol addiction and unstable psychosocial circumstances. The plan is to provide 10 sessions of functional restoration program in a two-week period. There is likewise no current plan for a surgical procedure. The guideline criteria for a functional restoration program have been met. However, the utilization review from 12/15/2014 already certified the request. Therefore, the request for initial 10 sessions of functional restoration program is not medically necessary.