

Case Number:	CM15-0105275		
Date Assigned:	06/09/2015	Date of Injury:	03/06/2014
Decision Date:	07/15/2015	UR Denial Date:	05/31/2015
Priority:	Standard	Application Received:	06/01/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 58 year old female patient who sustained an industrial injury to the right hip, knee and elbow after a fall on 3/6/14. Current diagnoses included pain in joint, pelvic/thigh region. In a week 5 progress report dated 6/4/15, she reported ongoing benefit with learned strategies. She was setting goals to be more active socially. She attended daily group therapy sessions and participated as requested. She reported that her pain was "a little bit better" despite a recent flare-up. She demonstrated increased walking speed and increased ability to lift from table height and sitting despite lack of flexion in the hip. She also demonstrated improvement in range of motion and strength. She still had significant weakness that would prevent her from returning to her career at maximum functional ability. The medications list includes indocin. She has undergone right hip labral tear repair surgery on 7/25/2014. She has had multiple diagnostic studies including X-rays and right hip MRI. She has had physical therapy, massage, injections, ice and medications. The injured worker participated in a functional restoration program starting in May 2015. She was approved for 16 days of functional restoration program. Patient was advised to return to work on 6/18/2015. The treatment plan included requesting ten (10) more days of participation in the functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Functional Restoration M-TH 8:30-3pm final round (days) Qty 18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration program Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page Number 30-32.

Decision rationale: Q- Additional Functional Restoration M-TH 8:30-3pm final round (days) Qty 18 According to the CA MTUS chronic pain medical treatment guidelines chronic pain programs (functional restoration programs) are "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below." In addition per the cited guidelines "Criteria for the general use of multidisciplinary pain management programs-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; (6) Negative predictors of success above have been addressed." Per the cited guidelines, "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains... Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities)." Patient had already completed 16 days of functional restoration program sessions for this injury. Therefore, requested additional sessions in addition to the previously rendered sessions are more than the recommended by the cited criteria. There is no evidence of significant ongoing progressive functional improvement from the previous functional restoration program that is documented in the records provided. Patient was advised to return to work on 6/18/2015. There was no documentation provided for review that the patient failed a return to work program with modification. The medical necessity of Additional Functional Restoration M-TH 8:30-3pm final round (days) Qty 18 is not fully established for this patient.