

Case Number:	CM15-0107626		
Date Assigned:	06/12/2015	Date of Injury:	04/02/2011
Decision Date:	07/21/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/04/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 35 year old female, who sustained an industrial injury on 4/2/11. She reported knee pain. The injured worker was diagnosed as having internal derangement of the right knee with patellar fracture and medial meniscus injury, new-onset low back pain and sciatic secondary to abnormal gait mechanics, and chronic strain of the right ankle. Treatment to date has included physical therapy. Physical examination findings on 4/29/15 included decreased range of motion in the right knee, massive calf and thigh atrophy, and painful dorsi and plantar flexion of the ankle. Medial joint line tenderness and infrapatellar tenderness were noted in the knee. Currently, the injured worker complains of low back pain, right buttock and right thigh pain, right knee pain and right ankle pain. The treating physician requested authorization for an initial evaluation for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial evaluation at functional restoration program: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) F.

Decision rationale: The claimant was diagnosed with depression and presents a picture of uncontrolled pain as opposed to decreased functioning. There is not delineation of psychosomatic pain versus true pathological pain; therefore a functional restoration program is not medically necessary. Ca MTUS page 49 states that functional restoration programs are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. The program is the type of treatment included in the category of interdisciplinary pain programs for patients with chronic disabling occupational musculoskeletal disorders. These programs emphasized the importance of function over the elimination of pain and incorporate components of exercise progression with disability management and psychosocial intervention. Treatment in these programs is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Page 31 of MTUS guidelines also states that while functional restoration programs are recommended, research remains ongoing as to what is considered a gold standard content for treatment, the group of patients that benefit most from this treatment, the exact timing of when to initiate treatment. Therefore, the request for initial evaluation at functional restoration program is not medically necessary.