

Case Number:	CM15-0141434		
Date Assigned:	07/31/2015	Date of Injury:	06/08/2011
Decision Date:	09/04/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/21/2015

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: 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:

The injured worker is a 28 year old female, who sustained an industrial injury on 6-8-11. The injured worker has complaints of right knee, right ankle and low back pain. The diagnoses have included back disorder; lumbago; thoracic or lumbosacral neuritis or radiculitis and derangement of meniscus. Treatment to date has included magnetic resonance imaging (MRI) of the right ankle on 8-20-11 showed a torn meniscus; magnetic resonance imaging (MRI) of the right ankle on 9-29-11 showed a bone bruise; right knee surgery on 10-20-11; physical therapy; total ankle arthroplasty; topical medications; physical therapy; acupuncture and injections. Additional surgery is being requested. The request was for functional restoration program initial trial 8-10 sessions over 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program initial trial 8 - 10 sessions over 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 52.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-34.

Decision rationale: According to the MTUS guidelines, 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; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In this case, the medical records note that additional surgical intervention is being requested. The injured worker does not meet the criteria for consideration of a functional restoration program. The request for Functional restoration program initial trial 8-10 sessions over 2 weeks is not medically necessary and appropriate.