

Case Number:	CM15-0148141		
Date Assigned:	08/11/2015	Date of Injury:	07/27/2012
Decision Date:	09/14/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/30/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 25 year old female, who sustained an industrial injury on 7-27-2012. She reported low back pain and injury to the left ankle and left knee from a slip and fall. Diagnoses include left ankle sprain, left knee sprain, status post left knee meniscal repair, lumbar strain, lumbar radiculopathy, and depression. Treatments to date include activity modification, medication therapy, physical therapy, knee joint injection, and epidural steroid injections. Currently, she complained of left knee and low back pain. On 6-23-15, a multidisciplinary functional restoration evaluation was completed. The physical examination documented decreased lumbar range of motion. The left knee had full range of motion with tenderness along the medial joint line. The plan of care included enrollment in to the functional restoration program for 160 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program, 160 hours: 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 Chronic Pain Programs, Functional restoration programs (FRPs) Page(s): 30, 49.

Decision rationale: The patient presents with pain affecting the lower back, left knee and left ankle. The current request is for Functional Restoration Program, 160 hours. The treating physician states in the report dated 6/23/15, "Previous methods of treating chronic pain have been unsuccessful. The patient is not a candidate where surgery of other treatment would clearly be warranted. The patient exhibits motivation to change. Please consider this as a formal request for 160 hours of treatment." (17A) The MTUS guidelines states, "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 this case, the 6 criteria outlined in the MTUS guidelines have been addressed. There is documentation that the patient has had an adequate and thorough evaluation with baseline functional testing and the patient is not a candidate for surgery. However, the MTUS guidelines go on to state, "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." The treating physician has requested the full 160 hours rather than the 80 hours suggested in MTUS. The current request is not medically necessary.