

Case Number:	CM15-0161182		
Date Assigned:	08/28/2015	Date of Injury:	07/27/2012
Decision Date:	09/30/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/18/2015

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: 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 injured worker is a 54 year old female who sustained an industrial injury on 7-27-12 when moving boxes resulting in low back pain. Diagnoses include medial meniscus tear and anterior cruciate ligament tear, status post arthroscopic partial meniscectomy; complex chronic pain syndrome; cervical spine myofasciitis. The injured worker has been off work for 3 years. Diagnostics include MRI of the right knee (11-2-12) showing medial meniscus tear and anterior cruciate ligament partial tear; MRI of the left shoulder (11-2-12) showing acromioclavicular arthropathy; MRI of the lower back (11-2-12) showing disc herniation with annular tear; MRI of the left knee (11-2-12) showing torn anterior cruciate ligament, tear of medial meniscus; electromyography, nerve conduction study (12-26-12) showing acute L5 radiculopathy on the right. Treatments to date include knee wrap; Botox injections; home exercise program; multiple physical therapy sessions with mild functional improvement; multiple different class medications with minimal pain reduction, no increase in function and increase in opiate dosing. The provider's progress note dated 7-29-15 reported continued complaints of intermittent, sharp pain on the inner aspect of the right knee; left knee pain; dull, achy neck pain radiating into her posterior neck with occipital headaches and into the left upper extremity to the hand; constant, stabbing left shoulder pain; constant sharp low back pain radiating into the right lower extremity with numbness and tingling. She uses cane for ambulation and wears a wrap. Her physical and emotional condition has declined and she complains of depression and anxiety. Medications were sumatriptan, Topamax, Vicodin. On physical exam, right knee with swelling, crepitus and tenderness and with positive anterior

drawer and Lachman; decreased cervical range of motion, spasms on palpation, positive bilateral cervical distraction test, foraminal compression test, shoulder depression and Soto Hall tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

One day multidisciplinary evaluation with chronic pain management to consider candidacy for FRP, for the submitted diagnosis of neck sprain and strain, as an outpatient:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 5, 11, 15-6; 48, 77, 92; 299-301, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Chronic pain programs (functional restoration programs); Work conditioning, work hardening Page(s): Part 1 pg 7-8; Part 2 pg 30-4, 125-6.

Decision rationale: Functional Restoration Program (FRP) is an established program of rehabilitation that utilizes a comprehensive, multidiscipline, individualized approach to maximize functional independence. It focuses on function not pain control and is useful for complex and/or refractory problems. However, it is not a set of defined therapies available at any program. Therefore, referral to such a program should also be based on the historical effectiveness of that specific program. Usually the more intensive the program the more effective it is. The MTUS does advise that selection of the patient is important, as effectiveness requires personal motivation on the part of the patient. It also notes that, if the reason for the therapy is to avoid an optional surgery, a trial of 10 visits should be used. At any rate, treatment for longer than two weeks is not recommended unless there is evidence of effectiveness of the program. Furthermore, the ACOEM guidelines suggest work hardening training after prolonged inactivity and for reconditioning after absence from work in order to prevent re-injury. The data suggests the longer the individual is off work the less effective physical rehabilitation becomes. The crux of the decision to have this patient undergo a FRP evaluation hinges on meeting the MTUS criteria for a successful rehabilitation. The provider has established that the patient is motivated to get better. She has undergone multiple therapies yet continues to have significant pain. However, there have been no trials to lessen her pain medications, nor psychological evaluations to assess for mental, financial or social barriers to healing. These later assessments and therapies may be accomplished during a FRP program. At this point in the care of this patient an evaluation for a Functional Restoration Program is a viable option in therapy. The request is medically necessary.