

Case Number:	CM15-0164971		
Date Assigned:	09/14/2015	Date of Injury:	10/29/2013
Decision Date:	10/13/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/21/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 female of undocumented age who sustained multiple industrial injuries on October 29, 2013. Diagnoses have included tendon rupture to the fourth digit of the right foot, bilateral rotator cuff tear, lumbar sprain with disc disease, left-sided sciatica, and left knee chondromalacia, small meniscus tear, and internal derangement. Documented treatment includes ibuprofen, shoulder and foot surgeries, and she was evaluated and deemed a candidate for a functional restoration program on April 16, 2015. The treating physician's plan of care includes 160 hours of a functional restoration program which was denied July 24, 2015. The injured worker continues to present with edema and mild tenderness of the left foot, limited range of motion of bilateral shoulders, left knee pain, and low back pain. She was removed from being temporary totally disabled on July 9, 2015, and provider stated anticipation that she would be "permanent and stationary by October 1, 2015."

IMR ISSUES, DECISIONS AND RATIONALES

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

160 hours of Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration programs (FRPs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 160 hours functional restoration program is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system. The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; an adequate and thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured worker's working diagnoses are status post contusion left foot with rupture of the long and short extensor tendons, left fourth digit causing a drop toe which is now under-riding the third toe of the left foot; internal derangement left knee; rotator cuff tear, bilateral shoulders, status post surgical repair; and sprain strain lumbar spine with this disease and left-sided sciatica. The date of injury is October 29, 2013. Request for authorization is July 17, 2015. The medical record contains 23 pages. There are two progress notes. The most recent progress note is dated July 9, 2015. The documentation indicates the injured worker status post-surgical repair of the four digit left foot. The treating provider is requesting a functional restoration program. There is no functional restoration program "evaluation" in the medical record. The treating provider requested additional physical therapy and has not completed treatment based on the documentation. Additionally, the treating provider references the left knee and was unclear as to what future therapy was contemplated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation with a functional restoration program "evaluation", 160 hours functional restoration program is not medically necessary.