

Case Number:	CM15-0188140		
Date Assigned:	09/30/2015	Date of Injury:	11/02/2009
Decision Date:	11/09/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/24/2015

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: Emergency 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 52 year old male, who sustained an industrial-work injury on 11-2-09. He reported initial complaints of back and knee pain. The injured worker was diagnosed as having lumbar disc displacement without myelopathy and pain in joint, lower leg, depression, and anxiety. Treatment to date has included medication, surgery (left knee arthroscopic meniscectomy on 5-22-14), ESI (epidural steroid injection) of lumbar region, facet injections (not much benefit), psychological care. MRI results were reported on 1-11-12 of the left knee reports prior posterior horn medial meniscectomy, superimposed findings suggestive of a posterior horn remnant tear, small suprapatellar effusion, infrapatellar bursal fat. Currently, the injured worker complains of chronic low back pain and knee pain with pain radiating down the right lower extremity to the right foot with intermittent swelling of the right foot. He is not working. There is also insomnia, depression, and anxiety. A prior functional restoration program was initiated in 12-12-12 and current on 8-14-15. Per the primary physician's progress report (PR-2) on 8-13-15, exam note anxiety and depression. There was no swelling in the lower extremities, antalgic gait with use of single point cane, tenderness to palpation over the right ankle on the lateral and medial sides, mild swelling at the right foot, range of motion was decreased by 20% with dorsiflexion and plantar flexion and decreased by 20% with inversion and eversion. The left knee had decreased range of motion by 30% with flexion and 10% with extension. The lumbar spine had tenderness at the lumbosacral junction, decreased range of motion, intact sensation and strength. The Request for Authorization requested service to include 160 hours of [REDACTED] functional restoration program. The Utilization Review on 8-25-15 denied the request for 160 hours of [REDACTED] functional restoration program, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

160 hours of [REDACTED] 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 rationale: The requested 160 hours of [REDACTED] functional restoration program, is not medically necessary. CA MTUS Chronic Pain Medical Treatment Guidelines, Pg. 49, Functional restoration programs (FRPs), note that functional restoration programs are "Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs," and note "These programs emphasize the importance of function over the elimination of pain," and that treatment in excess of 20 full-day sessions "requires a clear rationale for the specified extension and reasonable goals to be achieved." The injured worker has chronic low back pain and knee pain with pain radiating down the right lower extremity to the right foot with intermittent swelling of the right foot. He is not working. There is also insomnia, depression, and anxiety. A prior functional restoration program was initiated in 12-12-12 and current on 8-14-15. Per the primary physician's progress report (PR-2) on 8-13-15, exam note anxiety and depression. There was no swelling in the lower extremities, antalgic gait with use of single point cane, tenderness to palpation over the right ankle on the lateral and medial sides, mild swelling at the right foot, range of motion was decreased by 20% with dorsiflexion and plantar flexion and decreased by 20% with inversion and eversion. The left knee had decreased range of motion by 30% with flexion and 10% with extension. The lumbar spine had tenderness at the lumbosacral junction, decreased range of motion, intact sensation and strength. The referenced guideline note "These programs emphasize the importance of function over the elimination of pain." The injured worker is reported as working full time without restrictions and uses medication only as needed. The treating physician has not documented the specific rationale for additional aftercare sessions, nor why the injured worker had not received adequate training and supervision for a successful transition to a self-directed independent program. The criteria noted above not having been met, 160 hours of [REDACTED] functional restoration program is not medically necessary.