

Case Number:	CM15-0189576		
Date Assigned:	10/01/2015	Date of Injury:	03/12/2014
Decision Date:	11/13/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/25/2015

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: Texas, 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 35 year old, female who sustained a work related injury on 3-12-14. A review of the medical records shows she is being treated for low back, right shoulder, right knee and right ankle pain. Treatments have included completion of a Functional Restoration Program. Current medications include Nabumetone, Mirtazapine and Nucynta. In the discharge summary of the Functional Restoration Program (FRP), the injured worker reports "clear improvements in her ability to cope with and manage her chronic pain and its comorbid psychological distresses." She is able to demonstrate her independent home exercise program. On physical exam in the FRP note dated 8-20-15, her cervical, lumbar spine, right arm, and both hips range of motion has "improved." Bilateral arm and right leg strength has "improved." She declined to do any functional movement or functional lifting. She is not working. The treatment plan includes a request for 6 sessions of FRP aftercare. The Request for Authorization dated 8-20-15 has request for Functional Restoration Program Aftercare x 6 sessions. In the Utilization Review dated 8-19-15, the requested treatment of a Functional Restoration Aftercare Program 6 sessions is not medically necessary. The patient sustained the injury due to a fall. The patient had used crutches for this injury. The patient has completed 6 weeks of a FRP for this injury. A physician progress report after 6 weeks revealed that the patient had severe pain and depression. She was wearing knee braces and uses crutches for this injury. The patient has had difficulty in weight bearing. The patient had decreased pain from 10 to 9, depression decreased from 9 to 8, and anxiety decreased from 11 to 6. The patient had completed 142 hours of FRP from 6/29/15 to 8/7/15. The patient had received an unspecified number of PT visits for this injury. Per the note dated

9/23/15 the patient had complaints of pain in right shoulder, knee, ankle neck and back. Physical examination revealed antalgic gait, uses crutches, and normal muscle tone. The patient has functional limitations that prevent her from returning to work. She was not able to perform standing or weight bearing on the right knee or ankle. The patient was approaching MMI and there is strong consideration to make the patient permanent stationary on next visit. The patient had used a TENS unit for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Aftercare Program 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Knee Complaints 2004, and Ankle and Foot Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Chronic pain programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: Request: Functional Restoration Aftercare Program 6 sessions. As per the cited guidelines for a chronic pain management program/ functional restoration program, "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." The patient had completed 142 hours of FRP from 6/29/15 to 8/7/15. Per the note dated 9/23/15, (even after completion of 142 hours of a functional restoration program) the patient had functional limitations that prevented her from returning to work. She was not able to perform standing or weight bearing on the right knee or ankle. She was wearing knee braces and uses crutches for this injury. The patient has had difficulty in weight bearing. Evidence of demonstrated efficacy as documented by subjective and objective gains following the previously certified FRP was not specified in the records specified. In addition, per the cited guidelines, "The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability)." The patient had depression and anxiety disorder. A physician progress report revealed that the patient had severe pain and depression. There is conflicting evidence that chronic pain programs would provide return-to-work in this kind of patient. The medical necessity of the request for Functional Restoration Aftercare Program 6 sessions is not fully established for this patient.