

Case Number:	CM15-0192589		
Date Assigned:	10/06/2015	Date of Injury:	10/28/1983
Decision Date:	11/18/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	09/30/2015

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, North Carolina
 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:

This is a 63-year-old male with a date of industrial injury 10-28-1983. The medical records indicated the injured worker (IW) was treated for chronic pain syndrome; chronic non-specific low back pain; status post bilateral total knee replacement with flexion contracture of the right knee; and gait instability. In the progress notes (9-2-15), the IW reported back and bilateral knee pain, radiating down the legs and the feet, worsening over the last several days, rated 9 out of 10. He complained of stiffness and swelling of the bilateral knees, worse on the right, with locking of the knees and swelling and weakness in the legs. Oxycodone reportedly reduced his pain by 40%, temporarily. He had moderate difficulty with activities of daily living in terms of self-care, grooming, toileting and hygiene. He had mood swings, irritability and anger. The 8-6-15 progress notes stated medications were Pantoprazole, Oxycodone, Naproxen, Omeprazole, docusate and Amitiza. On examination (9-2-15 notes), there were trigger points in the gluteus medius region and lumbar quadratus region bilaterally. There was warmth in the anterior knees and tenderness to palpation of the pes anserine bursa bilaterally. Forward flexion of the lumbar spine was limited by pain due to spasms. Right knee extension was 20 degrees, flexion 80 degrees and left knee extension was 0 degrees and flexion 90 degrees. There were paresthesias along the medial and lateral aspects of the right and left leg to light touch. Deep tendon reflexes were symmetrical and physiologic at 1 out of 4 at the medial hamstring, patella and ankle bilaterally. Sacroiliac joint compression test and slump test was positive bilaterally. Treatments included massage, ice, TENS unit, knee replacement surgeries and physical therapy. The treatment plan included a trial of a Functional Restoration Program due to constant pain affecting

the IW's energy level, sleep, activities of daily living, focus and concentration. The IW was temporarily totally disabled. A Request for Authorization was received for participation in a 10 day trial of the functional restoration program, quantity 10. The Utilization Review on 9-29-15 non-certified the request for participation in a 10 day trial of the functional restoration program, quantity 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Participation in a 10 Day Trial of the Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): 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: The request is for a 10 trial of functional restoration program (FRP) for a 63 year-old patient with a date of injury in 1983. He has been treated for 32 years for chronic low back and bilateral knee pain with total knee arthroplasty bilaterally. CA MTUS Guidelines recommend chronic pain programs (FRP) for patients who have not responded to previous methods of treating chronic pain and there is an absence of other options likely to result in significant improvement. In this case, a 10 day trial of FRP is not warranted for the following reasons: 1) no evidence that the patient is no longer a surgical candidate; 2) no evidence of failure to respond to cognitive behavioral therapy; 3) no objective evidence of a desire to return to work; 4) no specific functional objectives identified for FRP; 5) no evidence that substance abuse has been ruled out; 6) no urine drug testing to confirm compliance with narcotic therapy; 7) evidence that the patient is self-medicating with marijuana. Base on the above finding, a 10 day trial of FRP is not medically necessary or appropriate.