MAXIMUS Federal Services

Case Number:	CM15-0020890		
Date Assigned:	02/10/2015	Date of Injury:	02/03/2014
Decision Date:	04/02/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/03/2015

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: Physical Medicine & Rehabilitation

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 female with an industrial injury dated 02/03/2014 as the result of a fall and injuring both knee and the low back. Her diagnoses include chronic pain syndrome, cervicobrachial syndrome and chronic non-specific low back pain. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative care, medications, physical therapy, and electrical stimulation. In a progress note dated 12/17/2014, the treating physician reports bilateral knee pain, right leg pain, and right foot pain. It was reported that the injured worker was limited to 15 to 20 minutes of walking, standing and sitting, and experienced moderate difficulty with cleaning and driving. The objective examination revealed palpated trigger points, tenderness along the medial fat pads of the knees, positive crepitus with passive range of motion of the knees, intact sensation in the lower extremities, restricted range of motion in the bilateral hips, and positive testing results of the cervical spine, back and knees. The treating physician is requesting a functional capacity evaluation and trail of a functional restoration program which were denied by the utilization review. On 01/21/2015, Utilization Review non-certified a request for a functional capacity evaluation, noting the lack of evidence of a significant loss in ability to function independently resulting from chronic pain. The MTUS Guidelines were cited.On 01/21/2015, Utilization Review non-certified a request for a trial of functional restoration program (10 sessions), noting the lack of evidence of a significant loss in ability to function independently resulting from chronic pain . The MTUS Guidelines were cited.On 02/03/2015, the injured worker submitted an

application for IMR for review of functional capacity evaluation and trial of a functional restoration program (10 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

FCE (functional capacity evaluation): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations.

Decision rationale: Per the 12/17/14 report the patient presents with pain in the bilateral knees with locking of the left knee, right leg and right foot rated 4/10. The current request is for FCE functional capacity evaluation. The RFA is not included. The reports do not state if the patient is currently working. ACOEM Guidelines Chapter 7 page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations.These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace."The treater states this request is for baseline testing. In this case, the treater does not explain why this evaluation is crucial. There is no documentation that the claims administrator or employer has requested this examination or that the patient desires a return to work and the employer or treating physician is concerned about her ability to do so. FCE's cannot predict a patient's actual capacity. The request IS NOT medically necessary.

10 Trail of the FRP (Functional Restoration Program): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 49.

Decision rationale: Per the 12/17/14 report the patient presents with pain in the bilateral knees with locking of the left knee--, right leg and right foot rated 4/10. The current request is for 10 trial of the FRP functional restoration program. The RFA is not included. The reports do not state if the patient is currently working. The MTUS guidelines pg. 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments

would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. The negative factors include the following: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain. MTUS Criteria for the general use of multidisciplinary pain management programs pages 30-33 states that treatment is not suggested for longer than 2 weeks without documented subjective and objective gains and that total treatment duration should generally not exceed 20 full-day sessions or the equivalent in part day sessions. Treatment in excess of 20 sessions requires a clear rationale and reasonable goals to be attained. The 12/17/14 report states the patient's sitting standing and walking is limited to 15-20 minutes along with moderate difficulty with ADL's of cleaning and driving. This report further states there are issues of chronic pain syndrome for this patient, psychosocial stress levels appear to be stable enough to participate in a multidisciplinary program, she is committed to overall improvement and compliance with treatment goals, and she has failed PT and home exercise. The goal is to avoid or delay optional surgery as well as improve her awareness of pain control in addition to eliminate use of Hydrocodone. In this case, criteria 1-5 have been documented; however, criterion #6, Negative predictors of success, are not fully discussed as required by the MTUS guidelines. These include: a negative relationship with employer/supervisor, work adjustment and satisfaction, outlook of future employment, rate of smoking and financial disputes. In this case, the request IS NOT medically necessary.