

Case Number:	CM15-0210472		
Date Assigned:	10/29/2015	Date of Injury:	05/22/2001
Decision Date:	12/10/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/26/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 56 year old male, who sustained an industrial injury on 5-22-2001. The injured worker is being treated for intervertebral disc displacement lumbosacral region and low back pain. Treatment to date has included surgical intervention (left knee surgery x2 and left total knee arthroplasty on 10-31-2014 complicated by post-op infection), post-op physical therapy, aqua therapy (one session of 6 attended), diagnostics, lumbar epidural steroid injections, diet, exercise, psychiatric evaluation and care, and medications. Per the Comprehensive Multidisciplinary Evaluation Report dated 10-15-2015, the injured worker presented for a multidisciplinary evaluation. He has a history of low back and left lower extremity pain. He reports low back pain radiating down bilateral anterior and lateral thighs going down the calf with numbness and tingling. He has numbness of the last three toes on the left side and numbness in the right foot. He reports left leg weakness when the pain is severe. He has had falls secondary to the left knee giving way unexpectedly. Objective findings of the lumbar spine included restricted ranges of motion in all planes due to pain and muscle guarding was noted. The notes from the provider do not document efficacy of the prescribed medications. The plan of care included, and authorization was requested on 10-16-2015 for an outpatient functional restoration program (4 days a week x5 weeks) to be done at Comprehensive Spine and Sports Center. On 1-22-2015 Utilization Review non-certified the request for an outpatient functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient functional restoration program: Upheld

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

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

Decision rationale: This 56 year old male has complained of low back pain and left knee pain since date of injury 5/22/2001. He has been treated with surgery, physical therapy, aquatherapy (1 session thus far), epidural steroid injections and medications. The current request is for a functional restoration program. Per the MTUS guidelines cited above, an adequate and thorough evaluation is recommended prior to initiating a functional restoration program with clear delineation of baseline function prior to consideration of entry into a FRP. Additionally, failure of conservative therapy must be documented. The provided medical records do not document a thorough evaluation of baseline function or functional goals as is recommended in the MTUS guidelines nor is there adequate documentation of failure of conservative therapy. On the basis of the available medical records and per the guidelines cited above, the request for outpatient functional restoration program is not medically necessary.