

Case Number:	CM15-0043927		
Date Assigned:	03/13/2015	Date of Injury:	01/10/2011
Decision Date:	04/23/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/09/2015

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 59-year-old male, who sustained an industrial injury on January 10, 2011. The injured worker had reported back, left shoulder, right hip and bilateral knee injuries. The diagnoses have included chronic pain syndrome, displacement of lumbar intervertebral disc without myelopathy, arthropathy unspecified, lumbar spine spinal stenosis, pain in joint of the shoulder, osteoarthritis of the lower leg and pain in joint of the lower leg. The injured worker underwent bilateral shoulder arthroscopies and right knee surgery. Treatment to date has included medications, radiological studies, lumbar medication diagnostic blocks and Synvisc injections of the right knee. Current documentation dated February 23, 2015 notes that the injured worker complained of ongoing pain in the shoulders, knees and low back. The right shoulder pain was note to be worse that the left shoulder. The low back pain was noted to be constant, more on the right side than the left. The low back pain did not radiate to the lower extremities. The injured worker experienced knee pain with position changes and stairs. The treating physician notes that the injured worker was evaluated for a functional restoration program and was recommended for the program. The treating physician's recommended plan of care included a functional restoration program times 160 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program (hours) Qty: 160.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-33.

Decision rationale: The patient presents with low back, shoulder, hand, knee, leg, and neck pain. The physician is requesting a FUNCTIONAL RESTORATION PROGRAM HOURS QUANTITY 160. The RFA dated 03/02/2013 shows a request for FRP for APM FRP duration 160 hours. The patient's date of injury is from 01/10/2011 and his current work status was not made available. The MTUS Guidelines page 30 to 32 recommends Functional Restoration Programs when all of the following criteria are met including: 1. Adequate and thorough evaluation has been made. 2. Previous methods of treating chronic pain had been unsuccessful. 3. Significant loss of the ability to function independently resulting from chronic pain. 4. Not a candidate for surgery or other treatments would clearly be warranted. 5. The patient exhibits motivation change. 6. Negative predictor of success above has been addressed. These negative predictors include evaluation for poor relationship with employer, work satisfaction, negative outlook in the future, etc. The MTUS guidelines page 30 - 33 on chronic pain programs - functional restoration programs- states, "treatment duration in excess of 20 sessions require a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function."The records show that the patient has not attended a functional restoration program in the past. The 02/10/2015 report shows a comprehensive evaluation for an FRP including a functional capacity evaluation, a psychological assessment and a discussion regarding the criteria by the MTUS guidelines. The patient has had extensive pain therapy and there are no other options likely to result in significant clinical improvement. He was found to be emotionally and physically dysfunctional in significant areas by all three of the examiners. He is not a surgical candidate. The patient is willing to put full effort into this program. He is motivated to change and wants to be more functional. However, the negative predictors of success were not addressed. In this case, the required criteria based on the MTUS guidelines has not been fully met. Furthermore the requested 160 hours exceeds MTUS guidelines. The request IS NOT medically necessary.