

Case Number:	CM15-0048562		
Date Assigned:	03/20/2015	Date of Injury:	08/11/2012
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/13/2015

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 68 year old male who sustained an industrial injury on 08/11/2012. Current diagnosis includes chronic pain. Previous treatments included medication management and three weeks of completed Functional Restoration Program. Report dated 01/19/2015 through 01/23/2015 noted that the injured worker has made significant progress and successfully completed the third week of the functional restoration program. Musculoskeletal evaluation noted week #3 accomplishments. The treatment plan included continuation of the functional restoration program, noting that in week four he will be encouraged to increase tolerance of cardiovascular training, continued strengthening of the bilateral gluteus medius muscles, and encourage him to strengthen his lumbar core. The treating physician noted that the injured worker has completed the previously authorized hours, and felt that it is medically necessary for the the injured worker to continue with the program as evidenced by the previously submitted integrative reports. Issue in dispute includes [REDACTED] Functional Restoration Program (160 hours).

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **functional restoration program (160 hrs.): Upheld**

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient was injured on 08/11/2012 and presents with left knee pain. The request is for a [REDACTED] FUNCTIONAL RESTORATION PROGRAM, 160 HOURS. The utilization review denial letter does not provide a rationale. There is no RFA provided and the patient's work status is not known. It appears that the patient has completed 5 weeks of functional restoration program. MTUS Guidelines, page 49, recommends functional restoration programs and indicated may be considered likely 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 warranted. 5. The patient exhibits motivation to change. 6. Negative predictors of success above have been addressed. MTUS Guidelines, page 49, also states that up to 80 hours or 2-week course is recommended first before allowing up to 160 hours once significant improvement has been demonstrated. The 02/02/2015 weekly progress report from the functional restoration program indicates that the patient has completed 120 hours of FRP. "This past week (the patient) continued to demonstrate a positive attitude and hope regarding his functional recovery. At the end of 5 weeks of treatment at [REDACTED] FRP, (the patient) has demonstrated an improved ability to cope with his chronic pain, has made significant improvements in his functional abilities, and his ability to engage in the world is clearly improved." At the end of 5 weeks, the patient is showing the following progress: "More social, more relaxed, more flexible, happier, more patience, exercising more, pacing activity better, better posture, better body mechanics, meditating more, knows more pain management tools, more acceptance, more time with friends, doing more at home, interacting more with program peers, communicating more, more active, more positive thinking, more confidence, improved family relations, more physical endurance, improved sleep." In this case, the report with the request is not provided. The patient has already completed 129 hours of FRP, and there is no discussion provided as to why the treater would like to request for 160 more hours. Furthermore, an additional 160 hours of FRP to the 129 hours the patient has already had would exceed what is allowed by MTUS guidelines. Therefore, the requested [REDACTED] Functional Restoration Program IS NOT medically necessary.