

Case Number:	CM14-0110895		
Date Assigned:	08/01/2014	Date of Injury:	09/13/2013
Decision Date:	09/30/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female who reported an injury due to a slip and fall on 09/13/2013. On 04/23/2014, her diagnoses included mild left knee sprain/strain. It was noted that she had taken hydrocodone of an unknown dose and did not find it helpful. She also had been treated by a chiropractor without benefit for an unknown number of treatments during an unknown time frame. An MRI of the left knee on 10/30/2013 showed erosive changes and a possible subtle tear. The treatment plan included choices of no treatment, over the counter medications, oral prescriptions, topical medications, physical therapy, injections, myofascial release, and surgery. The treating physician recommended a Functional Restoration Program to teach her coping skills, to help her knees strengthen so she can walk without a limp, and also to educate her about her injury. She rated her pain at 9/10. Her pain did not interfere with her sleep, nor did it cause her any anxiety or depression. A Request for Authorization dated 06/19/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPS) Page(s): 30-32. Decision based on Non-MTUS Citation ACOEM, Occupational Medical Guidelines, second edition (2004), Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) (FRPs) Page(s): 30-33.

Decision rationale: Although the California MTUS Guidelines may recommend Functional Restoration Programs, research is still ongoing as to how most appropriately screen for inclusion in these programs. FRPs (Functional Restoration Programs) were geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Long term evidence shows that the benefits of these programs diminish over time. In order to be considered a candidate for a Functional Restoration Program, the following criteria must be met: previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted. Based on the submitted documentation, this injured worker does not have a chronic disabling occupational musculoskeletal disorder. Other options, including acupuncture and injections into the knee, have not been documented as having been tried. It was noted that she still may be a surgical candidate. The clinical information submitted failed to meet the evidence based guidelines for a Functional Restoration Program evaluation. Therefore, this request for Functional Restoration Program Evaluation is not medically necessary.