

Case Number:	CM14-0124292		
Date Assigned:	08/08/2014	Date of Injury:	08/28/2010
Decision Date:	10/21/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/06/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 progress note of May 12, 2014, indicates the insured has a chief complaint of right knee, left shoulder and left foot pain. The insured is participating in a functional restoration program with reported reduction of pain by 35%. There is less burning sensation and the insured is gone from constant down to frequent with standing, walking, pushing, pulling, reaching and lifting activities. The insured is tolerating Lyrica. Examination describes mild to moderate laxity with a valgus stretch of the right knee and tenderness to palpation of the left knee. Motor strength is 4/5 in the elbow flexion, wrist extension, knee extension, ankle plantar flexion, dorsiflexion, inversion, and eversion extensor hallucis longus. Overall assessment was that the functional restoration program has been helpful and effective for him.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program 4 Additional Sessions: 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 Chronic pain program Page(s): 30-31.

Decision rationale: The medical records provided for review indicate functional improvement by the insured with the treatment to date. However, the medical records provided for review do not indicate specific functional goals for further therapy and support why they require guided therapy as versus transition to home based self-directed program. Official Disability Guidelines supports While recommended, the research remains ongoing as to (1) what is considered the "gold-standard" content for treatment; (2) the group of patients that benefit most from this treatment; (3) the ideal timing of when to initiate treatment; (4) the intensity necessary for effective treatment; and (5) cost-effectiveness. Therefore, the request is not medically necessary.