

Case Number:	CM14-0128571		
Date Assigned:	09/16/2014	Date of Injury:	08/24/2012
Decision Date:	10/16/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/13/2014

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 and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 53-year-old female with a date of injury of 08/24/2012. The listed diagnoses per [REDACTED] are: 1.Knee pain.2.Lumbar radiculopathy.3.Joint pain, ankle. According to the progress report 07/10/2014, the patient underwent a thorough functional restoration evaluation which included baseline functional testing. Patient's treatment history includes physical therapy, injections, 2 knee surgeries, ankle surgery, acupuncture, and medication. It was noted patient's severe pain has affected her ability to work. The treater is requesting "initial 10-day trial of 20-day functional restoration program." Utilization review denied the request on 07/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial 10 day trial of 20 day Functional Restoration Program: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of Multidisciplinary pain management.

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

Decision rationale: This patient presents with chronic knee and ankle joint pain. The treating physician is requesting a 10-day trial of a 20-day functional restoration program. Utilization

review denied the request stating "there is no assessment of patient's objectively measured strength and range of motion to support functional deficits and her job-demand level was not indicated." MTUS guidelines pages 30 to 33 recommend functional restoration programs and indicates it may be considered medically 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 treatment would clearly be, (5) the patient exhibits motivation to change, (6) negative predictors of success above have been addressed. In this case, the treating physician has provided a thorough evaluation including baseline functional testing. The patient has failed conservative treatment and is not a candidate for further surgery. It was noted the patient was eager to improve her condition. Given such, a trial of 10 days in a functional restoration program is within guidelines the request is not medically necessary and appropriate.