

Case Number:	CM14-0129170		
Date Assigned:	08/18/2014	Date of Injury:	01/30/2004
Decision Date:	10/17/2014	UR Denial Date:	08/01/2014
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, 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 60 years old female with an injury date on 01/30/2004. Based on the 07/28/2014 progress report by [REDACTED], the diagnoses are: 1.Carpal tunnel syndrome bilaterally, S/P decompression on the right 2.Trapezium arthritis on the right, S/P excision 3.CMC and possibly STT joint involvement of the thumb on the left 4.Stenosing tenosynovitis on the A1 pulley of the thumb on the left 5.Element of depression 6.Weight loss of 50 pounds According to this report, the patient complains of pain in the bilateral ankle, knee, and low back pain with spasm and stiffness. The patient also complains of pain in the left elbow and shoulder which she "has difficulty raising her arm, doing any overhead type activities, any forceful pushing and pulling, and her neck with muscle spasm." Physical exam reveals tenderness at the cervical paraspinals muscle and lumbar paraspinals muscle. The patient walks with the use of a crane. The 06/13/2014 report indicates the patient needs and waiting for a left knee total knee replacement. Exam indicates the patient continues to have synovial thickening with 0 to 1+ effusion and lateral and medial joint line tenderness. There were no other significant findings noted on this report. The utilization review denied the request on 08/01/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/03/2014 to 06/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 30-34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs), Chronic pain programs (functional restoration programs).

Decision rationale: According to the 07/28/2014 report by [REDACTED] this patient presents with pain at numerous body parts, neck, left shoulder, left elbow, low back, left hip, left knee, and left ankle. The treater is requesting functional restoration program but the treating physician's report and request for authorization containing the request is not included in the file. Regarding functional restoration programs, MTUS guidelines pg. 49 recommends functional restoration programs and indicate 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 treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. Review of the reports do not indicate the patient has had meet all criteria of MTUS guidelines. There were no evaluation provided, no mentions of unsuccessful previous treatment and patient is a candidate for surgery (TKR). Without accomplishing all 6 criteria of MTUS guidelines, the request cannot be recommended for authorization. Recommendation is for denial.