

Case Number:	CM14-0094355		
Date Assigned:	07/25/2014	Date of Injury:	12/27/2011
Decision Date:	09/16/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/20/2014

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 Geriatrics and is licensed to practice in New York. 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 40 year old man with a date of injury of 12/27/11. He had a medical evaluation on 5/8/14 by a Functional Restoration Program. He is status post physical therapy and MRI of left knee showing an ACL tear. He declined surgical repair. He was referred for a Functional Restoration Program in the past that was not authorized. He complained of chronic low back pain with radiation to his legs. He was able to ambulate without an assistive device. He also had left knee pain and wanted to optimize non-injection and non-surgical treatments. His medications included nucynta, ibuprofen and omeprazole. His physical exam showed tenderness to palpation over the low lumbar paraspinal muscled from L3-5. Range of motion was restricted and straight leg raise caused pain in the back. He had tenderness to palpation of the left knee joint line with no significant varus or valgus instability. His diagnoses were chronic low back pain with small L5-S1 annular tear, chronic left knee pain with degenerative changes at the posterior horn of the medical meniscus, gait disturbance and chronic pain. He had not worked for almost two years and a Functional Restoration Program is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

160 HOURS PARTICIPATION IN A FUNCTIONAL RESTORATION PROGRAM:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-10 and 49.

Decision rationale: Functional Restoration Programs (FRPs) are designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. This injured worker has minimal limitations on physical exam and is able to ambulate without an assistive device. The records do not substantiate significant functional loss to medically justify 160 hours of a Functional Restoration Program; therefore, the request for is not medically necessary.