

Case Number:	CM15-0000740		
Date Assigned:	01/12/2015	Date of Injury:	04/27/2004
Decision Date:	03/13/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/03/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 74 year old male, who sustained an industrial injury on April 27, 2004. The diagnoses have included lumbar/lumbosacral disc degeneration, chronic low back pain, osteoarthritis of the left knee, cervical degenerative disc disease, and bilateral carpal tunnel syndrome. Treatment to date has included oral and topical medications, physical therapy, bracing, cortisone injections, and activity modification. Currently, the injured worker complains of persistent left knee pain, low back pain, and shoulder pain. The Primary Treating Physician's report dated November 7, 2014, noted the injured worker with an antalgic gait, using a cane and wearing bilateral wrist braces, with significant limitations of his daily life due to chronic pain. The Physician noted that although the injured worker was a candidate for surgery, he had declined any surgery at that time. The Physician noted the injured worker met the guidelines for a functional restoration program (FRP), and would like to participate in the program. On December 11, 2014, Utilization Review non-certified a request for a functional restoration program evaluation, body part(s) unspecified, noting that the prior treatment outcomes were not documented in the medical record review, therefore, the request was not medically necessary and appropriate. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On January 3, 2015, the injured worker submitted an application for IMR for review of a functional restoration program evaluation, body part(s) unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program evaluation, body part(s) unspecified: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 3.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7,

Decision rationale: The injured worker complains of persistent bilateral wrist pain, left knee pain, low back pain, and shoulder pain. The current request is for FRP evaluation. The attending physician indicates that the patient has significant loss of ability to function independently resulting from chronic pain; is not a candidate for surgery; and exhibits motivation to change. Additionally, the attending physician states that the FRP evaluation is to address negative factors of success and to develop a functional and psychological baseline from which to measure success. The ACOEM guidelines indicate that a specialist referral may be indicated if symptoms persist greater than 4 weeks and with failure to progress as anticipated. The available medical records support the request for Functional Restoration Program evaluation and as such, recommendation is for approval.