MAXIMUS Federal Services

Case Number:	CM15-0115233		
Date Assigned:	06/23/2015	Date of Injury:	04/29/2014
Decision Date:	07/24/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/15/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 66-year-old male sustained an industrial injury on 4/29/14. The injured worker was currently undergoing a functional restoration program. In the only documentation submitted for review, a progress report dated 5/6/15, the injured worker had continued with self-treatment and functional restoration, which had been beneficial. The injured worker was working light duty. Physical exam was remarkable for right elbow with mild tenderness to palpation and pain with resisted repetitive dorsiflexion of the wrist, lumbar spine with no tenderness to palpation and satisfactory range of motion, pelvis, hips, right calf, right ankle and thigh without tenderness to palpation and right knee with tenderness to palpation over the medial collateral ligament with pain upon McMurray maneuver and moderate patellofemoral irritability. Neurologic exam was intact to bilateral lower extremities. Current diagnoses included contusion and straining injuries of the right hip, thigh and knee, internal derangement/aggravation of per-existing but asymptomatic degenerative joint disease of the right knee, right lateral epicondylitis, resolved contusion and straining injuries of the right wrist and closed head injury. The treatment plan included continuing home exercise and continuing functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue functional restoration program for the right thigh 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Program) Page(s): 30-32.

Decision rationale: Requested continue functional restoration program is not medically necessary. According to the California MTUS, integrative summary reports must include treatment goals, progress assessment, and stage of treatment. Treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, although there is documentation that the injured worker had benefits with prior functional restoration program there is limited information that indicates the objective gains achieved with functional restoration program. There are no prior reports indicating the condition of the injured prior to admission to functional restoration program, which can serve as a reference point in order to determine efficacy of the program. It is also unclear as to the number of sessions or hours completed. Based on the lack of adequate information to substantiate the requested continued functional restoration program is not medically necessary.