

Case Number:	CM15-0116049		
Date Assigned:	06/24/2015	Date of Injury:	05/04/1999
Decision Date:	07/23/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/16/2015

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

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 58 year old female, who sustained an industrial injury on 5/04/1999. She reported multiple traumatic injuries including being involved in a motor vehicle accident in 1994, in 1997 she stepped off a curb, twisting the right ankle, rotator cuff tear and Achilles tendon rupture in 1999 with low back disc protrusions and developing progressively more severe chronic pain. Diagnoses include status post carpal tunnel release, right carpal tunnel syndrome; right ankle strain, status post right elbow surgery x 2; status post right knee surgery x 3 including total knee replacement and left knee surgery x 1, and lumbar strain/sprain, lumbar spondylosis and spinal stenosis. It was suggested that she was not a good surgical candidate for a lumbar fusion. Treatments to date include activity modification, medication therapy, physical therapy, acupuncture treatment and therapeutic injections including lumbar epidural steroid injections. She wears a right foot/ankle orthotic and ambulated with a walker. Currently, she complained of pain in the right hand/wrist, right ankle/knee with radiation of numbness and tingling to hands and feet. The medical records also indicated chronic severe low back pain. On 6/3/15, the physical examination documented decreased lumbar range of motion. A right side foot drop was present. The provider documented there was tenderness and swelling in the right wrist, hand, right ankle and right knee. The plan of care included a referral for a consultation for a functional restoration program evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation for functional restoration program evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Chronic Pain Programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs), pages 30-34, 49.

Decision rationale: The patient remains functionally unchanged for this injury of 1999. Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/ psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above as the patient has unchanged chronic pain symptoms and clinical presentation, without any aspiration to return to any form of work for this chronic injury of 1999 as the patient has remained functionally unchanged, on chronic opioid medication without functional improvement from extensive treatments already rendered. There is also no psychological issue or diagnoses meeting criteria for functional restoration program. Therefore, the request for consultation for functional restoration program evaluation is not medically necessary and appropriate.