

Case Number:	CM15-0025658		
Date Assigned:	02/18/2015	Date of Injury:	10/24/2011
Decision Date:	04/02/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/10/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 35-year-old male, who sustained an industrial injury on October 24, 2011. He has reported bilateral knee pain, neck pain and lower back pain. The diagnoses have included derangement of medial meniscus, lumbar/lumbosacral degenerative disc disease, and chronic pain syndrome. Treatment to date has included medications, bracing, physical therapy, home exercise, and imaging studies. A progress note dated December 19, 2014 indicates a chief complaint of continued knee, neck and lower back pain. Physical examination showed and antalgic gait and pain with external rotation of the left knee. A progress note from the functional restorative program on January p, 2015 notes that the injured worker began the program on January 5, 2015 and had limited ability to participate. The treating physician requested an additional two weeks of the functional restorative program. On January 16, 2015, Utilization Review denied the request citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program, additional 2 weeks / 10 days/ 60 hours: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Programs.

Decision rationale: This request is for 10 days/2 weeks/60 hours of further time within a functional restoration program. The documentation available for my review cites that the IW requires more time to make progress. Per ODG guidelines for the general use of multidisciplinary pain management programs: (10) Treatment is not suggested for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. (Note: Patients may get worse before they get better. For example, objective gains may be moving joints that are stiff from lack of use, resulting in increased subjective pain.) However, it is also not suggested that a continuous course of treatment be interrupted at two weeks solely to document these gains, if there are preliminary indications that they are being made on a concurrent basis. The documentation provided by [REDACTED] does include evidence of functional improvement that warrants authorization of the maximum treatment. The request is medically necessary.