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| Case Number: | CM15-0026698 | | |
| Date Assigned: | 02/19/2015 | Date of Injury: | 06/20/2014 |
| Decision Date: | 04/02/2015 | UR Denial Date: | 01/29/2015 |
| Priority: | Standard | Application Received: | 02/12/2015 |

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 64-year-old [REDACTED] employee who has filed a claim for chronic pain syndrome and chronic hip pain reportedly associated with an industrial injury of June 20, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; open reduction and internal fixation of a hip fracture on June 20, 2014; a cane; and unspecified amounts of physical therapy. In a Utilization Review Report dated January 29, 2015, the claims administrator failed to approve a request for a 20-day functional restoration program. The applicant's attorney subsequently appealed. In a January 15, 2015 interdisciplinary evaluation program, the applicant reported ongoing complaints of hip pain and gait disturbance. The applicant was using a cane to move about. The attending provider stated that the applicant had plateaued earlier physical therapy treatment. The applicant was apparently using a cane to move about. The applicant contended that his sleep quality was poor. The applicant stated that he had developed depressive symptoms resulting in a diagnosis of depression with associated Global Assessment of Function (GAF) of 60. A functional restoration program was sought to facilitate the applicant's return to work. The applicant was not presently working, it was acknowledged. On October 7, 2014, work conditioning, topical Medrox, and Naprosyn were endorsed. On December 4, 2014, the applicant was again placed off of work, on total temporary disability. The attending provider reiterated the applicant's ongoing chronic pain and depressive symptoms. The applicant was still having difficulty ambulating, it was reiterated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program 5 Times A Week for 4 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 32 of 127.

Decision rationale: No, the request for a functional restoration program five times a week for four weeks was not medically necessary, medically appropriate, or indicated here. As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, treatment via a functional restoration program/chronic pain program is not suggested for longer than four weeks without evidence of documented subjective and objective gains. Here, the attending provider's request for a 20-day functional restoration program, thus, is at odds with MTUS principles and parameters as it does not contain a proviso to reevaluate the applicant in the midst of treatment so as to ensure a favorable response to the same before moving forward with the full 20-day functional restoration program. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that another cardinal criteria for pursuit of functional restoration program is evidence that an applicant exhibit the motivation to change and is willing to forego secondary gains, including disability benefits, in an effort to try and improve. Here, however, all evidence on file pointed to the applicant's seeming intention to maximize indemnity and disability insurance benefits. The applicant remained off of work, on total temporary disability, it was acknowledged, for large portions of the claim. There was neither an explicit statement (nor an implicit expectation) that the applicant would try and use the program at issue to facilitate return to work. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that another cardinal criteria for pursuit of chronic pain program is evidence that there is an absence of other options likely to result in significant clinical improvements. Here, the bulk of the applicant's issues appear to be mental health related and/or depression related. The applicant has not, however, seemingly had any conventional outpatient mental health treatments, such as outpatient psychotherapy or psychotropic medications. Therefore, the request was not medically necessary.