

Case Number:	CM15-0065096		
Date Assigned:	04/13/2015	Date of Injury:	09/06/2006
Decision Date:	05/14/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/06/2015

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, California
 Certification(s)/Specialty: Family Practice

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 is a 61 year old female patient who sustained an industrial injury to the neck back, bilateral shoulders, elbows, wrists, hands, legs, knees, ankles and feet on 9/6/06. Current diagnoses included bilateral shoulder impingement, lumbago and right knee osteoarthritis status post total knee replacement. Per the comprehensive interdisciplinary evaluation report dated 8/20/14, she had complaints of ongoing pain rated 6-10/10. She could perform activities of daily living although she reported that the tasks were more difficult and required more time due to pain and disability. Per a functional restoration program weekly report dated 4/10/15, she was noted to be in her seventh week of the program. She had reduction of pain and improved overall function. Per a functional restoration program weekly report dated 3/6/15, she was noted to be in her second week of the program. She had complaints of ongoing pain at 7/10. The physical examination revealed bilateral shoulder- tenderness and decreased range of motion; lumbar spine- tenderness and decreased range of motion and right knee- tenderness and normal range of motion. The current medications list is not specified in the records provided. She has undergone right total knee replacement and hand surgery. She has had magnetic resonance imaging, computed tomography, electromyography for this injury. She has had chiropractic therapy, physical therapy, and medications. She has completed 24 days (120 hours) of authorized 27 days (135 hours) of functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program for ten additional days: 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): 30-32.

Decision rationale: Request: Functional restoration program for ten additional days. According to the CA MTUS chronic pain medical treatment guidelines chronic pain programs (functional restoration programs) are "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below." In addition per the cited guidelines "Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (6) Negative predictors of success above have been addressed." Response to previous conservative treatment is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. Per the cited guidelines, "The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability). (7) duration of pre-referral disability time; (8) prevalence of opioid use." This patient's date of injury was in 2006 therefore he had an increased duration of pre-referral disability time. Per the cited guidelines "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." Patient has already completed 120 hours of functional restoration program for this injury. There was no documentation provided for review that the patient failed a return to work program with modification. There is no evidence of significant ongoing progressive functional improvement from the previous functional restoration program that is documented in the records provided. The medical necessity of Functional restoration program for ten additional days is not fully established for this patient. Therefore, the request for Functional restoration program for ten additional days is not medically necessary.