

Case Number:	CM15-0090770		
Date Assigned:	05/15/2015	Date of Injury:	02/21/2002
Decision Date:	06/16/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/11/2015

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: New Jersey, New York
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:

The injured worker is a 56 year old male who sustained an industrial injury on 02/21/2002. Current diagnoses include lumbar strain, right knee strain, left knee strain, right foot sprain, anxiety/stress, depression, and status post right knee surgery. Previous treatments included medication management, home exercise program, and right knee surgery. Report dated 03/18/2015 noted that the injured worker presented with complaints that included lower back, right knee, left and right foot pain. Pain level was 7 out of 10 on a visual analog scale (VAS) without medication. Physical examination was positive for abnormalities in the lumbosacral spine, and bilateral knees. The treatment plan included reviewing urine toxicology screening, refilling Norco and Theramine, request for functional restoration, continue home exercise program, and follow up as needed. Disputed treatments include one functional restoration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration, One: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Functional restoration programs Page(s): 49.

Decision rationale: The request is considered not medically necessary. A FRP would be indicated in a patient who has failed conservative treatment and is without any other options that would improve his symptoms. The patient has not been documented to have failed all modalities of conservative treatment. There was no documentation of baseline functional testing, motivation of the patient to change, or that negative predictors of success have been addressed. The patient is supposed to have a functional restoration pain management evaluation to determine his appropriateness for a functional restoration program. Until then, the request is considered not medically necessary.