

Case Number:	CM13-0053329		
Date Assigned:	12/30/2013	Date of Injury:	06/23/2011
Decision Date:	03/13/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 47-year-old male who reported an injury on 06/23/2011 due to a slip and fall that reportedly caused injury to the right hip. Prior treatments have included medications, acupuncture, physical therapy, and a home exercise program in addition to corticosteroid injection therapy. The patient underwent a multidisciplinary evaluation on 09/12/2013 that documented the patient was limited to walking 20 to 30 minutes, standing 10 to 15 minutes, and sitting 30 minutes. It was also documented that the patient could not lift more than 20 pounds and the current physical capacity was insufficient to pursue work or activities of daily living. Physical findings included limited range of motion described as 35 degrees in flexion, 15 degrees in extension, and 20 degrees in left lateral bending with increased pain in the right hip. The patient had a positive straight leg raise test and a positive Lasgue's test bilaterally. It was noted that the patient could perform 20% of a squat and 25% of a lunge. It was also noted that the patient had decreased sensation over the right L4-5 dermatome. A multidisciplinary approach to treatment due to the patient's delayed recovery and psychological barriers with goals to increase the patient's functionality and decrease residual complaints and disability from chronic pain were also noted. The patient was recommended for a 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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30.

Decision rationale: The requested Functional Restoration Program is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends a Functional Restoration Program for patients who have undergone an adequate and thorough evaluation to determine baseline function, previous methods of treating a patient's chronic pain have not provided significant improvement, the patient has had significant functional loss as result of chronic pain, the patient is not a candidate for surgery, negative predictors have been addressed, and the patient exhibits motivation to change. The clinical documentation submitted for review does provide evidence that the patient has a baseline functional test and would be a candidate for a Functional Restoration Program. However, California Medical Treatment Utilization Schedule recommends treatment duration of 2 weeks to provide documented subjective and objective gains. The request as it is written does not provide treatment duration. Therefore, objective and subjective gains cannot be adequately assessed. As such, the requested Functional Restoration Program is not medically necessary or appropriate.