

Case Number:	CM14-0142406		
Date Assigned:	09/12/2014	Date of Injury:	09/27/2011
Decision Date:	10/22/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/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:

This is a male patient with the date of injury of September 27, 2011. A utilization review determination dated August 5, 2014 recommends noncertification of a functional restoration program quantity of 160 hours with modification to 80 hours. A functional restoration program medical assessment dated July 14, 2014 identifies subjective complaints of hip pain, foot pain, knee pain, low back pain, hand pain, wrist pain, and leg pain. The patient rates his current pain level at a 6/10, the best his pain level is a 5/10, and the worst pain level is a 8/10. The patient describes his pain as aching, stabbing, tingling sensation in feet, and occasional muscle pain and lower legs. The patient states his pain is worsened with exercise or activity and after immobility. The pain is also worsened by bending backwards, bending forward, lifting, twisting, motion, walking, walking uphill, walking downhill, standing for a prolonged period, this prolonged sitting, squatting, kneeling, stooping, working, sex, and with the weather. The pain is improved with lying down. Physical examination identifies leg length discrepancy of 33.5 inches on the right and 34 inches on the left. There is pain in the left hip with internal rotation, moderately severe pain at the right greater trochanter, mild pain at the left greater trochanter, hip flexion was slightly limited on the right, low back range of motion is limited to 70% of normal limits, there is tenderness over the paraspinal muscles, and there is moderately severe tenderness palpation along the right and left medial joint line, and inferior knee cap on the left. There is tenderness over the first, second, and third foot extensors, and there is slight tenderness at the CMC joints bilaterally. Diagnoses include hip pain, osteoarthritis of the lower leg, chronic pain syndrome, tear of medial cartilage or meniscus of knee, and unequal leg lengths. The treatment plan recommends that the patient participate in the program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program (x hours) QTY: 160: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34, 49.

Decision rationale: Regarding the request for a functional restoration program for 160 hours, California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the medical information available for review, there is no statement indicating that other methods for treating the patient's pain have been unsuccessful, no statement indicating that the patient has lost the ability to function independently, and no statement indicating that there are no other treatment options available. Furthermore, the guidelines recommend a two-week trial to assess the efficacy of a functional restoration program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The current request for 160 hours (4 weeks) of a rehabilitation program exceeds the duration recommended by guidelines for an initial trial. In the absence of clarity regarding the above issues, the currently requested functional restoration program for 160 hours is not medically necessary.