MAXIMUS Federal Services

Case Number:	CM13-0017942		
Date Assigned:	10/11/2013	Date of Injury:	11/16/2010
Decision Date:	01/06/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/28/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in 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 67-year-old male who reported an injury on 11/16/2010 due to a twisting injury of the right knee. The patient was initially treated conservatively with physical therapy and medications. The patient did undergo left knee arthroscopy with meniscectomy in 10/2012. The patient continued complaints of knee pain exacerbated by carrying anything over 20 pounds. Physical findings included crepitus with range of motion and grinding palpated. The patient's diagnosis included osteoarthritis of the left leg. The patient's treatment plan included a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Northern California Functional Restoration Program, 160 hours between 7/30/13 and 10/4/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 32-33.

Decision rationale: The clinical documentation submitted for review does indicates the patient would benefit from a functional restoration program. However, as 1 of the goals of a functional

restoration program is to return the patient to employment, it is unclear if the patient is returning to employment. The clinical documentation submitted for review does indicate the patient is considering retirement. MTUS Chronic Pain Guidelines recommend a trial of 2 weeks or up to 80 hours to support the continuation of participation in a functional restoration program. The request exceeds this 80-hour recommendation. There are no exceptional factors addressed within the documentation to support extending treatment beyond guideline recommendations. As such, the requested 1 Northern California functional restoration program, 160 hours between 07/30/2013 and 10/04/2013 is not medically necessary and appropriate.