

Case Number:	CM13-0022919		
Date Assigned:	11/15/2013	Date of Injury:	08/18/2008
Decision Date:	01/22/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/11/2013

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 Orthopedic Surgery and is licensed to practice in Michigan, Nebraska 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:

This patient is a 49-year-old male who reported an injury on 08/18/2008. Per the documentation submitted for review, the patient was injured as the result of a fall. Notes indicate that the patient has complaints of bilateral knee pain secondary to the diagnosis of bilateral internal derangement as well as opioid dependence with cognitive impairment and constipation. A request was made for evaluation for participation in a multidisciplinary pain management program on 08/15/2013. Notes indicate documentation of cognitive impairment and constipation secondary to opioid use with notes indicating that the patient was (at that time) undertaking an exercise program in the gym; however, the patient was having difficulties because of bilateral knee pain. Notes indicated the patient was recommended for participation in functional restoration program based on lack of improvement with conservative treatments and that the patient had reached a ceiling in terms of medication management for chronic knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

A multi-disciplinary evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 114.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 88-92. Decision based on Non-MTUS Citation Cornerstones of Disability Prevention and Management

Decision rationale: The California MTUS states that if an early return to work has been achieved and the return-to-work process is working well, the likelihood of debilitation should be limited. If, however, there is a delay in return to work or a prolonged period of inactivity, a program of functional restoration can be considered. Such a program could include components of aerobic conditioning as well as strength and flexibility assessment where necessary. It is also worth noting that pre-injury and post injury or illness strength and endurance may be limited and might be less than the job requires. If this is the case, the likelihood of re-injury or prolonged problems may increase. Though it may not be part of the process for treating an acute injury, the provider and employer may have to address these issues either through focusing on modifying the job to suit the patient's abilities or considering alternative placement. However, while the documentation submitted for review indicates that the patient was recommended for evaluation for a functional restoration program due to continued difficulties secondary to knee pain completing an exercise program, evaluation of the patient documented bilateral knee full range of motion with negative anterior drawer test, negative posterior drawer test, negative varus/valgus instability, with positive McMurray's test and 5/5 strength with normal bulk and tone in all muscle groups of the lower extremities, no evidence of atrophy, and grossly intact sensation to light touch and pinprick in the lower extremities. Moreover, there is a lack of documentation of physical deconditioning indicated to support the request. Given the above, the request for a multidisciplinary evaluation is not medically necessary and appropriate.