

Case Number:	CM13-0034464		
Date Assigned:	12/06/2013	Date of Injury:	10/06/2012
Decision Date:	03/11/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/15/2013

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 and is licensed to practice in Illinois. 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 24-year-old male who reported an injury on October 06, 2012. The patient was diagnosed lower leg joint pain, and status post left knee lateral meniscus repair with excision of plica in February 2013. The patient was seen by [REDACTED] on September 13, 2013. The patient reported persistent left knee pain. The patient has completed twelve (12) sessions of physical therapy and is authorized for an additional two (2) sessions. Physical examination revealed a normal and non-antalgic gait. Treatment recommendations included a multidisciplinary 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 (FRP): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 30-33.

Decision rationale: The California MTUS Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes for patients with conditions that put them at risk of delayed recovery. An adequate and thorough evaluation should be made. As per the documentation submitted, there is no evidence that previous methods

of treating chronic pain have been unsuccessful, and there is an absence of other options likely to result in significant clinical improvement. There is also no evidence that the patient is not a surgical candidate. It was also noted by [REDACTED] that the patient has been recommended to undergo a repeat MRI of the left knee following completion of physical therapy. Additionally, there was no documentation of any musculoskeletal or neurological deficit upon physical exam. Based on the clinical information received, the patient does not currently meet criteria for a functional restoration program. Therefore, the request is non-certified.