

Case Number:	CM13-0040472		
Date Assigned:	12/20/2013	Date of Injury:	03/28/2011
Decision Date:	04/22/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/29/2013

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 Family Medicine, has a subspecialty in Pain Medicine 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:

A 62 yr. old male claimant sustained a work related injury on 3/28/11 involving the right knee and low back . He had a torn left meniscus and underwent arthroscopic knee surgery. Due to persistent pain and another injury on 2009, he eventually underwent bilateral knee replacements. He has also had a diagnosis of lumbar radiculopathy. An examination report on 9/10/13 indicated Final Determination Letter for IMR Case Number [REDACTED] 3 the claimant had 8/10 pain in both knees and 5/10 pain with analgesics. He also had a band like pain around his back. After a multi-disciplinary evaluation including psychological testing, he was determined to benefit from a functional restoration program (FRP), to restore loss of function, self manage pain and return to work. He was recommended to undergo a total of 27 hours of restoration therapy. After 5 weeks of FRP , he continued to take 8-10 Norco per day . His pain was 6/10 pain in the knees but noted overall reduced pain and improved 70% reduction in depression. He was recommended to complete his FRP sessions , which included: therapy psychology and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT FUNCTIONAL RESTORATION PROGRAM SIX HOURS DAILY MONDAY THROUGH THURSDAYS AND THREE HOURS ON FRIDAY FOR A TOTAL OF 27 HOURS A WEEK FOR SIX WEEKS FOR A TOTAL OF 160 HOURS FOR THE LUMBAR SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CHRONIC PAIN MEDICAL TREATMENT GUIDELINES..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CHRONIC PAIN MEDICAL TREATMENT GUIDELINES..

Decision rationale: In this case, after several weeks of FRP, the claimant had overall improvement in subjective and objective complaints. The claimant followed the FRP program interval and had qualitative improvements in overall function. Based on the guidelines and the claimant's response, the FRP was medically appropriate and necessary.