

Case Number:	CM13-0046576		
Date Assigned:	12/27/2013	Date of Injury:	10/02/2007
Decision Date:	03/11/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/31/2013

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, has a subspecialty in Interventional Spine 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 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 is a 57 year-old female who was injured on 10/2/2007. She has been diagnosed with chronic back pain likely secondary to facet arthropathy; right knee pain s/p right knee arthroscopy 8/2005 and TKA in 2009; chronic left knee pain s/p left knee arthroscopy 4/2012; gait disturbance; chronic right shoulder pain s/p right shoulder arthroscopy 12/4/09; chronic pain syndrome and reactive depression. The IMR application shows a dispute with the 10/1/13 UR denial for the functional restoration program (FRP) The 10/1/13 UR letter is from [REDACTED] and recommended modification for the 160 hours of FRP to allow 80-hours trial FRP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for functional restoration program: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 30-32.

Decision rationale: The psychological evaluation on 9/19/13 states the patient would like to try conservative care to get better. It does not mention if she is willing to forgo secondary gains,

including disability payments, in the discussion section, but does mention this in the conclusion section of the report. The negative predictors of success were not discussed in any of the reports from 9/19/13. The MTUS criteria for the FRP have not been met. The request is not in accordance with MTUS guidelines.