

Case Number:	CM13-0052528		
Date Assigned:	12/27/2013	Date of Injury:	05/16/2005
Decision Date:	03/24/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/15/2013

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 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 52 year-old patient sustained a work-related injury on 5/16/05 while employed by [REDACTED]. Per the requesting report from provider on 10/11/13, the patient has right knee trauma and is status post right knee arthroscopic surgery for anterior cruciate ligament repair, and lumbar disc degeneration and annular fissure at L4-S1. Complaints included continued low back and right knee pain. His current medication is not controlling his pain. He is able to accomplish more tasks at home such as completing a project with his brother and picking up his child from school. Exam findings noted gains in walking, sitting, and standing tolerances compared to baseline. Conservative care has included a TENS unit, chiropractic care, massage, physical therapy, brace/casts, exercise program, injections, and acupuncture with only short-term relief at best. Current medications include methadone and Tizanidine. The patient is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

interdisciplinary three-week part day pain rehabilitation HELP program to equal two full weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34, 49.

Decision rationale: Guideline criteria does support the continuation of a functional restoration program beyond 20 sessions; however, this requires a clear rationale and functional improvement from treatment rendered, along with reasonable goals to be achieved with specific individual care plans and focused goals. Submitted reports have not demonstrated a clear rationale to support further sessions beyond the recommendations of the guidelines. The request is noncertified.