

Case Number:	CM13-0059525		
Date Assigned:	12/30/2013	Date of Injury:	09/15/1998
Decision Date:	05/16/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/02/2013

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 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 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:

The injured worker is a 58-year-old male who reported an injury on 09/15/1998. The injured worker's treatment history included cognitive behavioral therapy and medication usage. The injured worker was evaluated on 10/21/2013. No physical evaluation was provided for review. The injured worker's diagnoses included chronic bilateral knee pain, degenerative osteoarthritis, chronic bilateral leg pain, myofascial pain syndrome, and pain disorder with psychological complications. The injured worker's treatment plan included continuation of medications and an evaluation for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN EVALUATION WITH [REDACTED]: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Section Page(s): 30.

Decision rationale: The requested evaluation with [REDACTED] is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends evaluations for a functional restoration program for injured workers who have exhausted chronic pain treatment

methods. Due to the age of the injury it would be expected that the injured worker would have participated in multiple conservative treatments. However, this is not specifically identified within the documentation. There is no specific documentation indicating that the injured worker has failed to respond to physical therapy, chiropractic care, injection therapy, or any other types of medical treatments to manage chronic pain. As such, the requested decision for evaluation with [REDACTED] is not medically necessary or appropriate.