

Case Number:	CM13-0068617		
Date Assigned:	01/03/2014	Date of Injury:	10/04/2011
Decision Date:	06/04/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/19/2013

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 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:

The patient is a 56 year old male who was injured on 10/04/2011 when he fell and sustained an injury. The patient underwent surgery on the right knee in 1977 for a cartilage repair. In 1993, he had an ACL reconstruction. In 2006, he had a tendon repair of the left ankle. In 2011, he had a right knee replacement. In 2012, he had right knee replacement revision twice and in 2013, he had left total knee replacement. Urine drug screen dated 11/07/2013 was reviewed and was negative for all entities. Pain follow-up note dated 12/05/2013 states the patient complains of bilateral knee pain. He is diagnosed with bilateral knee arthritis and status post bilateral total knee replacements. He notes that he took a total of four evening doses of Gabapentin and they made him sick. He felt "icky" and nauseated. He is having sharp pain in his left knee laterally. In the right knee, he notes constant sharp pain on both sides and sometimes in the middle of the knee. He notes bending exacerbates his pain. He rates his pain as 7/10. He also complains of his left sciatic nerve pain which he feels radiates from his back to the left knee. He takes Vicodin tablets for the pain. He states he has been getting this medication prescribed for about 2 years. On exam, the patient ambulates to the exam room with the assistance of a single point cane. The right knee show slight edematous changes. There is pain with palpation of the lateral and medial aspects. The left knee shows crepitus present. There is pain to palpation along the anterior joint line. He takes capsaicin, Diclofenac sodium, Gabapentin tablets and Vicodin. Diagnosis is pain in the lower leg joint. The plan is to discontinue capsaicin, Diclofenac and Gabapentin medications as they were ineffective and made him feel nauseated.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM (FRP) EVALUATION - QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restorations Programs) Page(s):.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS Page(s): 31,32.

Decision rationale: According to CA MTUS guidelines, Functional Restoration Program (FRP) is recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Outpatient pain rehabilitation programs may be considered medically necessary when all the criteria stated by the guidelines are met. One of these criteria is the following: "Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement". The medical record dated 12/05/2013 documents that the patient has been prescribed pain medications for about 2 years, but the urinary drug screening test performed on 11/07/2013 revealed negative results for all entities. There is no documentation correlates the patient compliance to the failure of the medical aspect regarding his pain management. Therefore, the Functional Restoration Program is not medically necessary for this patient according to the guidelines. The request for Functional Restoration Program (FRP) evaluation is not medically necessary.