

Case Number:	CM13-0069098		
Date Assigned:	01/03/2014	Date of Injury:	11/18/2010
Decision Date:	08/22/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/20/2013

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 & 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 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:

This patient is a 38-year-old male with date of injury 11/18/2010. Per treating physician's report, 10/03/2013, patient presents with right knee pain, has not worked since 12/13/2010, gained 25 pounds, uses a transcutaneous electrical nerve stimulation (TENS) unit, doing house chores slowly, and not lifting infrequently up to 50 pounds, standing and walking up to 2 hours, sitting not being an issue, with the right knee buckling. The patient has an element of depression as well as diarrhea and sexual dysfunction, although he has not seen any psychiatrist. Listed diagnoses are as follows: 1. Internal derangement of the knee on the right, status post meniscectomy, twice medially, and some meniscectomy laterally on the second surgery, internal derangement of the left knee, status post interventional treatment and rating for an injury in 2007 aggravated by his job. 2. Weight gain. 3. Sexual dysfunction. 4. Depression. 5. Diarrhea. Treatment recommendation was for functional restoration program evaluation and Don Joy brace previously requested, and then, list of medications. The request for functional restoration program was denied per utilization review letter 12/06/2013. Unfortunately, only part of this letter is available to understand the rationale behind the denial and why functional restoration program is reviewed when the request is for consultation for functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Functional Restoration Program between 12/4/2013 and 1/18/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: This patient presents with chronic bilateral knee pains, being status post multiple surgeries in 2011 and 2012 for arthroscopic meniscectomy, synovectomy, plica release, et cetera. Patient continues to be symptomatic with diminished functional capacity. Patient is currently not working. Review of the treating physician's report, 10/03/2013, shows that the request is clearly for "functional restoration program consultation". However, review of this case shows that this was reviewed for "functional restoration program," per 12/06/2013 utilization review letter of denial. Unfortunately, the entire letter of the utilization review is not available for my review. Although a functional restoration program "consultation" or evaluation is indicated, a functional restoration program would not be indicated due to lack of an evaluation discussing the patient's candidacy. MTUS guidelines support functional restoration program but only if the patient meets the criteria that include discussion regarding the negative factors, the patient's motivation to improve, significant functional deficit from injury, etc. In this case, the request for "functional restoration" program would not be indicated as the patient has not had an evaluation to determine whether or not the patient would be a candidate for it. Request for functional restoration program is not medically necessary and appropriate.