

<b>Case Number:</b>	CM13-0071895		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	03/24/2011
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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, has a subspecialty in Pain Management 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 41 year old female who was injured on 03/24/2011 due to repetitive movement. She developed right knee pain over time as her job duties required lifting, climbing up and down stairs. Her pain level is an 8/10 on a visual analog scale without medication and a 5/10 with medication. Diagnostic treatments and x-rays were reviewed. Orthopedic consultation dated 09/14/2013 was reviewed and noted that the surgeon was concerned that the position of her implant was suboptimal and recommended that she is seen by an orthopedic surgeon who is experienced in knee arthroplasty, perhaps [REDACTED] in Sacramento. The orthopedic surgeon will evaluate if there is any further intervention, such as a revision of the arthroplasty that will give her a good chance of improving her comfort and function. If the informed patient wants to proceed with it, it should be authorized and then the patient should be re-evaluated following convalesces for an updated disability/impairment reporting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FUNCTIONAL RESTORATION PROGRAM:** Upheld

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

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

**Decision rationale:** The CA MTUS states functional restoration programs may be considered medically necessary when all of the criteria are met. There are 6 defined criteria for consideration of patient participation. The records provided do not document baseline functional testing; the inability to function independently as a result of the chronic pain; and that she is not a candidate for surgery. In September 2013, the patient had an orthopedic consultation in which it was determined she may require additional knee surgery (revision of a potentially suboptimally placed implant) and a recommendation was made to a physician specializing in this treatment. In the absence of the baseline functional testing, inability to function independently and the findings from the requested orthopedic consultation for the possibility of future surgery the request is not medically necessary at this time.