

Case Number:	CM14-0008798		
Date Assigned:	02/12/2014	Date of Injury:	03/06/2012
Decision Date:	06/24/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/22/2014

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 Neurosurgery 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 injured worker is a 40-year-old male who was injured on March 6, 2012. On November 27, 2012, a medial meniscectomy is documented, but otherwise had a normal appearing knee. The clinician notes difficulty with recovery of quadriceps function with resultant anterior knee pain. Postoperative physical therapy was pursued with benefits in reduced pain and increased range of motion. On January 9, 2013 the strength rating was 4+/5. On May 14, 2013 the injured is documented as having three centimeter quadricep atrophy when compared to the opposite side. A repeat MRI of the knee was obtained on August 21, 2013, demonstrating postoperative surgical changes with one centimeter bony contusion of the lateral femoral condyle. The December 10, 2013 progress note recommends evaluation for a functional restoration program with the goal of pain control. This progress note also indicates a previous steroid injection was attempted. The injured worker was noted to not be a candidate for operative intervention. A subsequent clinic note dated January 10, 2014 fails to address the insufficiencies documented on the prior utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL INTERDISCIPLINARY EVALUATION FOR FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 49.

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

Decision rationale: The California Medical Treatment Utilization Schedule has unclear criteria for the utilization of functional restoration programs indicating that an adequate and thorough evaluation including baseline functional testing should be performed. Additionally, it is not clear if there is an absence of other options that could potentially result in significant clinical improvement. Based on the documentation provided, the only follow-up diagnostic study appears to have been an MRI of the knee. With the continued quadriceps atrophy despite substantial physical therapy and exercise, one would question if there is an underlying nerve root dysfunction of the lumbar spine, which would preclude the use of a chronic pain program at this time. As such, given the limited documentation, the request is considered not medically necessary.