MAXIMUS Federal Services

Case Number:	CM14-0107004		
Date Assigned:	08/04/2014	Date of Injury:	09/28/2011
Decision Date:	09/30/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/10/2014

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 Physical Medicine & 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 60 year old male who reported an injury on 09/28/2011 due to an unknown mechanism of injury. The injured worker was diagnosed with chronic right knee pain, status post right knee arthroplasty, and revision total knee arthroplasty. The injured worker was treated with medications and surgery. The injured worker had a right knee revision surgery on 02/20/2013. On the progress report dated 07/14/2014, the injured worker reported increasing right knee pain. The injured worker had quadriceps atrophy, tenderness with testing of varus and valgus stability. Range of motion of the right knee was noted to be 0-125 degrees. The injured worker was prescribed Percocet 10/325mg and was taking Aleve over the counter. The treatment plan was for a functional restoration program. The rationale for the request was due to quadriceps atrophy. The request for authorization form was not submitted for review.

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 Functional restoration program.

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

Decision rationale: The request for Functional restoration program is not medically necessary. The injured worker is status post right knee revision surgery and complained of increasing pain. The California MTUS guidelines recommend pain management programs when an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement. They may be indicated when 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 patient has a significant loss of ability to function independently resulting from the chronic pain. The patient is not a candidate where surgery or other treatments would clearly be warranted. The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change, and negative predictors of success above have been addressed. The injured worker's medical records lack documentation of the efficacy of other methods used to treat the pain. The injured worker's medical records do not indicate the trial and failure of medications or physical therapy in a quantitative method of pain relief and functional status. There is a lack of documentation demonstrating the injured worker was assessed for negative predictors of success. The submitted request does not indicate the duration of the program being requested. Additionally, there is a lack of documentation indicating the injured worker has significant objective functional deficits. As such, the request for functional restoration program is not medically necessary.