

Case Number:	CM14-0013017		
Date Assigned:	02/24/2014	Date of Injury:	11/06/2007
Decision Date:	06/26/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/31/2014

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 and Rehabilitation and is licensed to practice in Texas. 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 62 year old male whose date of injury is 11/06/2007. On this date the injured worker fell into a six foot deep hole. The injured worker is status post total knee replacement in September 2009. Initial evaluation for functional restoration program dated 09/10/13 indicates that treatment to date includes physical therapy and surgical intervention. He has not returned to work since his date of injury. Progress report dated 12/02/13 indicates that the injured worker has completed 3 weeks of functional restoration program to date. He is doing well and is compliant. Discharge summary dated 12/19/13 indicates a decrease in the of Ultracet. He is planning to become an independent contractor. Diagnoses are chronic right knee pain, compensatory left knee bursitis, chronic low back pain, reactive depression, chronic pain syndrome and gait disturbance. Successful completion of the program is expected for the next day. Visit note dated 01/07/14 indicates that his depression has improved. He denies suicidal/homicidal ideation. The injured worker reports that he is retired and is not planning on going back to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

**PROSPECTIVE REQUEST FOR 6 SESSIONS OF AFTERCARE WITH [REDACTED]
[REDACTED] FUNCTIONAL RESTORATION PROGRAM [REDACTED]
PSYCHOLOGIST BETWEEN 12/16/13 AND 2/25/14: Upheld**

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the clinical information provided, the request for six sessions of aftercare with [REDACTED] Functional restoration program psychologist is not recommended as medically necessary under the Chronic Pain Medical Treatment Guidelines. The injured worker completed six weeks of functional restoration program with documented improvement. There are no updated psychometric testing measures provided. There is no clear rationale provided to support functional restoration program aftercare. There is no indication that the injured worker is taking any psychotropic medications.