

Case Number:	CM14-0015184		
Date Assigned:	02/28/2014	Date of Injury:	01/05/2012
Decision Date:	07/08/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/06/2014

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 Nevada. 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 59 year old female injured in January 2012. The mechanism of injury was not specified. The records presented for review start with a response to a previous noncertification for a functional restoration protocol. A six week program is suggested as being cost effective to address the ongoing complaints of pain. The request for treatment notes that this 59-year-old individual had a presenting complaint of a sprain/strain of the knee. The progress note indicates a positive Apley's test and the current diagnoses have been expanded to be a bilateral knee sprain/strain, bilateral knee contusion and bilateral degenerative joint disease. Medications includes Ultram and Mobic. A chronic pain situation is noted. Previous progress notes identified the same clinical scenario.

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
FUNCTIONAL RESTORATION PROGRAM Page(s): 30-34.

Decision rationale: The evaluations noted are rather temporary diagnoses of knee sprain/strain, contusion, degenerative joint disease. It is also noted that this protocol should be limited to 10 visits and a reassessment of the efficacy of the treatment. This request is for a six-week protocol, this far exceeds the parameters noted in the Chronic Pain Medical Treatment Guidelines and there is no clinical indication to complete 6 weeks prior to an interim assessment. As such, this six week protocol is not clinically indicated.