

Case Number:	CM14-0118327		
Date Assigned:	08/06/2014	Date of Injury:	05/04/2012
Decision Date:	09/15/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/28/2014

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, has a subspecialty in Pain Medicine, and is licensed to practice in Texas & Oklahoma. 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 43-year-old male who reported an injury on 05/04/2012. The mechanism of injury was not provided for clinical review. The diagnoses included vascular injury to the right knee, status post right knee arthroscopy. Previous treatments included physical therapy, surgery, injections. The diagnostic testing included an MRI. Within the clinical note dated 05/29/2014 it was reported the injured worker complained of pain which he rated 6/10 in severity. Upon the physical examination the provider noted the injured worker had no tenderness of the hip joint and deep gluteal region. The range of motion was flexion at 100 degrees and extension at 30 degrees. Upon examination of the knee the provider noted flexion at 150 degrees, and extension at 0 degrees. The provider noted no tenderness over the lateral joint line. Tenderness to palpation of the medial joint line was noted by the provider. The injured worker had a negative McMurray's sign and negative drawer sign test. The provider requested a PEP program. However, the rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PEP program once per week for twelve weeks: 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, 32.

Decision rationale: The California MTUS Guidelines recommend functional restoration programs where there is success to programs with proven successful outcomes, for the patients with conditions that put them at risk for delayed recovery. The guidelines recommend an adequate and thorough evaluation has been made, including baseline functional testing to follow-up with the same test can note functional improvement. Previous methods of treating chronic pain have been unsuccessful and there is absence of other options likely to result in significant clinical improvement. The injured worker has a significant loss of ability to function independently resulting from chronic pain. The injured worker is not a candidate where surgery or other treatments would be clearly warranted if the goal of treatment is to prevent or avoid controversial or optional surgery a trial of 10 visits may be implemented to assess whether the surgery may be avoided. The injured worker exhibits motivation to change and is willing to forego secondary gains, including disability payments to affect this change. Negative predictor to success above has been addressed. Treatment is not suggested for longer than 2 weeks without evidence of demonstrating efficacy as documented by subjective and objective gains. There is lack of documentation indicating the injured worker had tried and failed on conservative care. There is a lack of adequate and thorough evaluation including a baseline functional test. There is lack of documentation indicating the injured worker had a significant loss of the ability to function independently. The request submitted exceeds the guidelines' recommendations. The request for a PEP program once per week for 12 weeks is not medically necessary.