

Case Number:	CM14-0026871		
Date Assigned:	06/13/2014	Date of Injury:	12/16/2012
Decision Date:	08/11/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/04/2014

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 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 records presented for review indicate this 41-year-old male was reportedly injured on December 16, 2012. The mechanism of injury was noted as a hyperflexion injury and a sharp pain developed in the knee. The most recent progress note, dated January 24, 2014, indicated there were ongoing complaints of left knee pain. The physical examination was not presented. Diagnostic imaging studies were not reviewed. Previous treatment included conservative care, medications, and a functional restoration program (██████████). A request was made for multiple sessions of functional rehabilitation and was not certified in the pre-authorization process on February 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 MONTHS ██████████ 1 WEEKLY CALL REASSESSMENT 1 VISIT FOR 4 HOURS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009): Chronic Pain Programs, pages 30-34 of 127
Page(s): 30-34 of 127.

Decision rationale: The requested program [REDACTED] is essentially a functional restoration protocol. The parameters noted in the MTUS relative to functional restoration or chronic pain programs are noted. The injured employee has already completed a multidisciplinary program, and this additional subscription service has not been identified as being medically necessary. The goals of the functional threshold program have been met and to continue this program indefinitely is not medically necessary. The injuries were noted to be a knee sprain and a meniscal tear, and each of these has been addressed. Therefore, the request is not medically necessary.