

Case Number:	CM14-0030913		
Date Assigned:	06/20/2014	Date of Injury:	08/21/2011
Decision Date:	07/17/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/11/2014

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, Pain Medicine 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 patient is a 38 year old female who reported an injury to her right knee. Functional restoration report dated 09/13/14 indicated the patient stating the initial injury occurred on 09/21/11 when she attempted to lift a very heavy linen cart resulting in right knee and low back pain. The patient completed 78 hours of a multidisciplinary program. The patient responded appropriately to the multidisciplinary approach. The patient had been participating actively in all pain scale components. The patient demonstrated consistent improvements with her physical abilities. The patient had an increase in her lifting capability from 10 to 25 pounds. The patient reduced her medication intake most notably Lyrica from 100mg twice daily (BID) to 50mg twice daily (BID). Endurance also increased. MRI of the lumbar spine dated 10/24/13 revealed L5-S1 disc bulge. No other levels had any significant findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee [REDACTED] evaluation Quantity: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 49.

Decision rationale: Clinical documentation indicates the patient completing the first segment of a multidisciplinary program including the patient developing multidisciplinary program. Inclusion into the second segment of multidisciplinary program is indicated for patients who have demonstrated both subjective and objective improvements through the initial course of treatment. The patient reduced use of Lyrica and demonstrated some endurance improvements. Additionally, the patient was compliant with all group activities and made subjective and objective improvements including coping mechanisms for addressing her ongoing pain. The patient also improved lifting capabilities and safe approach to lifting objects with the proper mechanics. Walking capabilities also increased to including the demonstration of improved endurance. Given these factors, inclusion into the second segment of a [REDACTED] program is indicated in order for the patient to continue with treatment for an additional 78 hours as indicated in the clinical notes. Therefore, this request is reasonable.