

Case Number:	CM14-0040453		
Date Assigned:	06/27/2014	Date of Injury:	05/07/2010
Decision Date:	09/15/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 65 year old female whose date of injury is 05/07/2010. The mechanism of injury is described as a slip and fall. Treatment to date includes right knee arthroscopy in 2011, right total knee replacement in 2012, medication management, left knee injection. The injured worker has declined left knee surgery because right knee surgery was not significantly beneficial in terms of pain relief. Diagnoses are internal derangement bilateral knees, status post right total knee arthroplasty with ongoing pain, left knee osteoarthritis with left meniscal tear. Evaluation dated 03/20/14 indicates that she has been utilizing a cane since her initial injury. She was provided diagnoses of depressive disorder and anxiety disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ Functional Restoration Program x 160 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

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

Decision rationale: Based on the clinical information provided, the request for ██████████
██████████ functional restoration program x 160 hours is not recommended as medically

necessary. The injured worker's date of injury is over 4 years old. The California MTUS guidelines would not generally support functional restoration program for injured workers who have been continuously disabled for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period. Additionally, the request is excessive as California MTUS guidelines would support an initial trial of 2 weeks/80 hours of functional restoration program to establish efficacy of treatment. Therefore, this request is not medically necessary.