

Case Number:	CM14-0045364		
Date Assigned:	06/27/2014	Date of Injury:	10/25/2011
Decision Date:	07/23/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/01/2014

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, has a subspecialty in Interventional Spine 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 patient is a 64 year old female with an injury date of 10/25/11. Based on the 03/17/14 progress report provided by [REDACTED], the patient complains of pain and discomfort of her right knee. The patient's diagnoses includes Status post right total knee arthroplasty on July 29, 2013; right knee internal derangement; bilateral knees sprain/strain injury; right knee torn lateral meniscus; status post right knee surgery repair of meniscus, failed on April 17, 2012; bilateral knee internal derangement. The patient has decreased range of motion and strength of the right knee and some swelling. [REDACTED] is requesting for an initial evaluation functional restoration program. The utilization review determination being challenged is dated 03/10/14. No rationale was provided. [REDACTED] is the requesting provider, and he provided three treatment reports from 02/25/14, 03/17/14, 03/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial evaluation functional restoration program: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

Decision rationale: The MTUS guidelines recommend functional restoration programs for chronic pain. A 2 week program is recommended if all of the criteria are met. In this case, the request is for an evaluation to determine the patient's candidacy for a functional restoration program. Given the patient's chronic pain, the request for an initial evaluation of functional restoration program is medically necessary and appropriate.