

Case Number:	CM14-0061855		
Date Assigned:	07/09/2014	Date of Injury:	02/28/2013
Decision Date:	08/11/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	05/02/2014

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 50-year-old female with a date of injury of 02/28/2013. The listed diagnoses per [REDACTED] are: Lateral plateau fracture, left knee, status post surgery; Posttraumatic arthritis, left knee; Left ankle pain; and Lower back pain as a compensatory consequence of abnormal gait mechanics. According to a doctor's first report 03/18/2014 by [REDACTED], the patient presents with bilateral leg and lower back complaints. The patient reports in the last 6 months, she has been having some increased pain in the knee cap on the left. An MRI of the left ankle from 07/26/2013 revealed subtle subchondral edema without evidence of osteochondral injury, evidence of contusion of the talus was indicated, mild plantar fasciitis and peroneal tendinitis. CT scan of the left knee from 08/13/2013 revealed narrowing of medial joint space and mild depression of lateral plateau with lateral fixation. The treater states the patient was given a sample of Pennsaid to use topically on the knee. Examination did reveal significant quadriceps atrophy on the left and considerable osteoporosis. The treater is recommending a functional restoration program. The request is for functional restoration program for the leg and back 3 times a week for 4 weeks. Utilization review denied the request on 04/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program (leg/back) 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs.

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, section on Functional restoration programs (FRPs) page 49.

Decision rationale: The MTUS Chronic Pain Guidelines recommends functional restoration programs and indicate they may be considered medically necessary after adequate and thorough evaluations have been made. In this case according to the medical records provided for review, an evaluation has not taken place. As such, the request is not medically necessary and appropriate.