

<b>Case Number:</b>	CM14-0063650		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/31/2006
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 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 that this 61-year-old female was reportedly injured on March 31, 2006. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated May 5, 2014, indicated that there were ongoing complaints of left knee pain. The physical examination demonstrated ambulation with the assistance of a cane. There was a positive Apley's test as well as swelling of the left knee. Tylenol #3 and Flector patches were prescribed. A functional restoration program evaluation was recommended. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included physical therapy, injections, surgery, the use of a TENS unit, as well as electro acupuncture. A request was made for CORF related services and was not certified in the pre-authorization process on April 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CORF related services 15 minutes each:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 92, Chronic Pain Treatment Guidelines Page(s): 1-127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34.

**Decision rationale:** According to the attached medical record, the injured employee has had continued left knee pain after he left knee surgery. However, there is no documentation that this left knee pain has resulted in a significant loss of ability to function independently as a result of chronic pain. Additionally, the attached medical record indicated that the injured employee has recently been approved for psychotherapy and has not yet participated in this treatment. For these reasons, this request for CORF related services for 15 minutes each is not medically necessary.