

Case Number:	CM14-0068518		
Date Assigned:	07/14/2014	Date of Injury:	03/08/2011
Decision Date:	08/11/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/13/2014

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 65 year old with an injury date on 3/8/11. The patient complains of progressive right knee pain, and lower back pain following a right knee arthroscopy. Patient also has pain radiating to both lower extremities, with soreness, rated at 8-9/10. Based on the progress report provided by [REDACTED] the diagnoses are chronic intractable right knee pain; chronic low back pain secondary to lumbosacral degenerative disk disease with lumbar spinal stenosis; severe neuropathic pain; depression; chronic pain syndrome; and insomnia. An examination on 4/2/14 notes that the patient ambulates slowly with antalgic gait, uses a front-wheeled walker, and has stooped posture. She has marked tenderness to palpation of her lumbar paraspinals including the lumbar spinous process. She has slight swelling to the anterior part of the right knee. There is atrophy of right quadriceps muscle mostly in medial aspect affecting the vastus medialis. Right knee range of motion is within normal range, and lumbar range of motion is limited with flexion, extension, and side bending. The utilization review determination being challenged is dated 5/8/14 and rejects the request, as the agreed medical evaluation report and exploration of surgical intervention are the only indications of patient's medical necessity, and a functional restoration program (FRP) evaluation is only indicated in the absence of other options.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs (FRPs) Page(s): 49.

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

Decision rationale: MTUS Guidelines recommend multidisciplinary pain management programs when an adequate and thorough evaluation has been made; previous methods of treating chronic pain have been unsuccessful; the patient has significant loss of function from chronic pain; the patient is not a candidate for surgery; the patient exhibits motivation to change; and negative predictors of success above have been addressed. In this case, the patient had been functioning at a high level prior to knee surgery, and has recently lost her job due to uncontrolled chronic pain syndrome. The case is complicated by patient's depression and poor coping mechanisms. The requested evaluation is appropriate to evaluate the patient's candidacy for FRP. As such, the request is medically necessary.