

Case Number:	CM14-0095339		
Date Assigned:	07/25/2014	Date of Injury:	05/16/2012
Decision Date:	09/19/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/23/2014

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 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 28 year old male who reported an injury on 05/16/2012 with an unknown mechanism of injury. On the clinical note dated 04/18/2014 the injured worker was diagnosed with left knee pain status post meniscal repair and ACL repair done in September 2012 and June 2013 and chronic pain. The injured worker was treated with medications, home exercise program and TENS unit noted on clinical note dated 05/02/2014. On the clinical note dated 02/19/2014 it was indicated that the injured worker had a formal MRI of the left knee done on 02/05/2014. The injured worker had meniscal repair surgery and ACL repair surgery done in September 2012 and June 2013. The injured worker complained of constant pain that was rated 7/10 with numbness and tingling on clinical note dated 06/13/2014. The injured worker's lumbar facet stress test was positive, the range of motion with extension caused more pain, and the injured worker had tenderness to palpitation to the paraspinal muscles. The injured worker was prescribed Norco 5/325mg 2 to 3 per day and dendracin ointment topically to the left knee as needed for pain. The treatment plan was for a functional restoration program. The rationale for the functional restoration program was not provided by the physician in the medical records. The request for authorization form was submitted on 05/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Upheld

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 program Page(s): 49.

Decision rationale: The request for functional restoration program is not medically necessary. The injured worker is status post meniscal and ACL repair of the left knee and has a complaint of pain 7/10 VAS scale with numbness and tingling. The California MTUS guidelines recommend functional restoration programs as a type of treatment to be included in the category of interdisciplinary pain programs. These programs emphasize the importance of function over the elimination of pain. The California MTUS guidelines states that outpatient pain rehabilitation programs may be considered medically necessary when previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, and the injured worker has a significant loss of ability to function independently resulting from the chronic pain. The injured worker's medical records indicate normal motor strength and range of motion to the left knee, they also indicate that the injured worker is titrating himself off the opioid pain medication. The injured worker's medical records do not indicate what the pain level is with or without medication, when the pain is at the worst or when the pain is at the best. There is a lack of documentation indicating the injured worker has significant objective functional deficits. As such the request for functional restoration program is not medically necessary.