

Case Number:	CM14-0186572		
Date Assigned:	11/14/2014	Date of Injury:	05/16/2013
Decision Date:	01/05/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/10/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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, with a reported date of injury of 05/16/2013. The result of injury was pain in the left leg and left knee. The current diagnoses include chronic pain syndrome, sprains and strains of the left knee and leg, and chronic pain. The past diagnoses include chronic left knee pain, musculoligamentous strain/sprain of the quadriceps tendon, left knee synovial cyst, and deconditioning of the left leg. The treatment has included an MRI, which revealed a multiloculated cyst; Naproxen; Norco; Anaprox; Hydrocodone/APAP; Q-Pap ES (extra strength), physical therapy for the left knee; knee support; and treatment in the [REDACTED] Outpatient Functional Restoration Program, starting on 02/24/2014. The medical record dated 02/28/2014 indicates that the injured worker had been authorized for three weeks of functional restoration program (FRP) treatment, and has he has completed one week. It is noted that the injured worker has a significant loss of ability to function independently due to the chronic pain, and he is not a candidate for surgery or other treatments. The treating provided indicated that continued participation in the [REDACTED] FRP is justified by the functional and medical progress achieved by the injured worker. The injured worker has met his left leg stance goal of 30 seconds with minimal sway. The injured worker has a standing tolerance of 35 minutes, a walking tolerance of 20 minutes, a sitting tolerance of 60 minutes, and a pushing/pulling tolerance of 34 pounds. He has decreased his need for Naproxen and A-Pap Extra Strength from daily to an as needed basis. The medical record dated 04/14/2014 indicates that the injured worker was released to unrestricted work. He expressed concern about the increasing pain, and admitted that if he were to have obtained treatment in the [REDACTED] program for additional time, he may have had more of an advantage, due to increased strength and endurance. He continued to use Naproxen and Hydrocodone 5/325mg to his advantage. The physical exam continued to show medial joint line and lateral joint line tenderness. There was no ligamentous instability,

swelling, or redness noted. The injured worker requested to return to work with modifications. The injured worker used Naproxen twice a day and Norco nightly, as well as intermittent Tylenol. He described a sense of capacity on an ongoing basis to support these medications. On 10/28/2014, Utilization Review (UR) denied the request for an extension of prior approval of three (3) weeks (part-time days) of [REDACTED] Interdisciplinary Pain Rehabilitation Program, because time expired before completion. The UR physician noted that there was no indication of the specific reason for the non-completion of the [REDACTED] Program, and that it is not clear whether the injured worker has completed any portion of the three-week program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension DOS for [REDACTED] Interdisciplinary Pain Rehab Program ([REDACTED]) x3 weeks(part time days): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs; criteria for the use of multidisc.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Chronic pain programs, early intervention, Guidelines Assessing Red.

Decision rationale: The patient was previously seen for 3 weeks multidisciplinary program for pain management, however he only attended one week and the reason for interruption of the program is not clear. There is no clear documentation of any benefit from the one week program that the patient attended. Therefore the request for extension DOS for [REDACTED] Interdisciplinary Pain Rehab Program ([REDACTED]) x3 weeks (part time days) is not medically necessary.