

Case Number:	CM14-0188603		
Date Assigned:	11/19/2014	Date of Injury:	07/02/2013
Decision Date:	01/07/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/12/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 42 year old male who sustained an industrial injury on 07/02/2013. The mechanism of injury occurred when he sustained a fall at work. His diagnosis is right knee pain-status post right knee arthroscopy, extensive debridement and partial lateral meniscectomy. He continues to complain of right knee pain. On physical exam there is no swelling, normal range of motion, normal strength and minimal tenderness over the lateral knee. Treatment in addition to surgery has included medical therapy with Methadone and Clonazepam. The treating provider has requested a functional restoration program.

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 Page(s): 49.

Decision rationale: Per the reviewed guidelines a functional restoration program is recommended only after and full multidisciplinary has been made. The claimant still has significant pain requiring medical therapy with Methadone. Functional restoration programs

(FRPs), a type of treatment included in the category of interdisciplinary pain programs, were originally developed by Mayer and Gatchel. FRPs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. The claimant should first undergo an evaluation with a pain management specialist. Medical necessity for the requested service has not been established. The requested service is not medically necessary.