

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0193848 | | |
| Date Assigned: | 12/01/2014 | Date of Injury: | 07/16/2012 |
| Decision Date: | 01/14/2015 | UR Denial Date: | 11/07/2014 |
| Priority: | Standard | Application Received: | 11/19/2014 |

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 Family 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:

According to the records made available for review, this is a 43-year-old male with a date of injury on 07/16/2012. Documentation from 10/29/2014 indicated that the injured worker's left leg became stuck and he twisted the entire leg while at a work site. Documentation from 10/29/2014 indicated the diagnoses knee injury, status post meniscus surgery, and status post Oates Procedure. Subjective findings from 10/29/2014 indicated pain upon weight bearing to the left knee with numbness at the left knee incision site. The injured worker also had complaints of depression and weight gain. Physical examination on this date was remarkable for normal range of motion to the affected knee, tenderness to palpation to the medial and collateral lateral ligaments bilaterally, and tenderness to the lateral tibial plateau. The evaluating physician also noted numbness to the anterior aspect of the left knee, and muscular atrophy to the vastus medialis of the left thigh. Documentation from 10/29/2014 referenced magnetic resonance imaging of the left knee, however the documentation did not indicate the date of the study or the results of the study. Prior treatments offered to the injured worker included meniscus surgery, Oates Procedure, twelve sessions of physical therapy, use of a brace, use of crutches, and a medication regimen of Methadone, Norco, Nabumetone, and Klonopin. Physical therapy notation from 10/16/2014 indicated the injured worker to require additional visits and noted improvement in neuromuscular control, quad strength, and range of motion after eleven out of twelve visits, but also noted poor quad endurance with lower quarter flexibility to be below functional limits. While physical therapy documentation was provided the documentation lacked specific details of functional improvement, improvement in work function, or in activities of daily living. Documentation provided also did not indicate the effectiveness of the injured worker's medication regimen with regards to functional improvement, improvement in work function, or in activities of daily living. Physician documentation from 10/29/2014 did note that

secondary to the injured worker's injury he was unable to walk more than a quarter of a mile, had difficulty climbing stairs, difficulty with standing or walking for more than two hours, and was unable to travel, concentrate, or participate in recreation/social activities secondary to the pain which was noted to be moderate to severe most of the time. The physician also noted the injured worker to have mild to moderate depression and anxiety due to the discomfort caused by the injury. Medical records from 10/29/2014 noted that the injured worker was unable to return to work. On 11/07/2014, Utilization Review non-certified the prescription for a functional restoration program times one. The functional restoration program was noncertified based on CA MTUS Chronic Pain Medical Treatment Guidelines where the Utilization Review noted that the injured worker did not use all available conservative treatments prior to being eligible for a functional restoration program, and that the injured worker did not meet the criteria of noting any possible negative factors that may impede on the injured workers success. The Utilization Review also noted that individual cognitive behavioral therapy was not attempted to determine if there was any underlying depression or anxiety that may affect the injured worker's success in 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 x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 3.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 30-34.

Decision rationale: DOI 16Jul12, DOS 29Oct14 with new PTPSurgical Intervention 17Jul14, prior meniscectomy date UNKN, result a failurePHx: Chronic LBPMeds at Review: Methadone10mg tid, Norco prn dose UNKN, Klonopin dose UNKN. Noted to have been on the Methadone and Norco for 4 years Item of Contention: Request for an initial assessment X1 to establish if the member would be a suitable candidate for a full Functional Restoration ProgramAt the time of presentation to the new PTP, subsequent to finishing care with the orthopedic surgeon, the member was already being treated by another provider for a separate issue with chronic LBP and had been on Methadone and Norco for 4 years. There was a description of evidence for mild to moderate depression as well as a significant impact on accomplishing ADL's as well as measures of quality of life to include participation in sexual activity as well as recreational activities. He had already undergone a meniscectomy prior to the last orthopedic procedure which had not resolved the problem. As described the second surgical procedure also did not succeed in alleviating the problems. As annotated in the MTUS for the utility of chronic pain problems this member fails to meet several of the critical parameters associated with success and warranting use of the program. The member was two years out from the injury, was already using long term opioids (Methadone and Norco for the last 4 years). Also Klonopin is not an appropriate approach to managing anxiety syndromes long term and there is no evidence that any formal assessment had been accomplished or interventions for depression implemented. Despite the providers intention to use the single visit as a tool to assess the

opportunity for success in a full program the member does not appear to qualify on several of the more critical negative predictors of success as described. The UR NON-CERTIFICATION is supported.