

Case Number:	CM15-0013084		
Date Assigned:	01/30/2015	Date of Injury:	07/31/2013
Decision Date:	03/27/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/22/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old male who reported an injury on 07/31/2013, after a slip and fall. The injured worker reportedly sustained an injury to his left knee, which ultimately resulted in surgical repair of the meniscus in 12/2013. This was followed by postsurgical care, to include physical therapy and medications. The injured worker underwent a comprehensive evaluation for a functional restoration program on 09/03/2014. However, the details of that report were not provided. The injured worker was evaluated on 11/25/2014. The injured worker's medications were noted to be naproxen sodium, Norco 10/325 mg, and Voltaren gel. A baseline functional behavioral test documented that the injured worker had mild anxiety and depressive symptoms. It was noted that the injured worker had not had significant improvement with over 24 sessions of physical therapy. It was noted that the injured worker was not a surgical candidate. It was noted that the injured worker had physical functional deficits, as there was an inability to transfer without assistance due to leg numbness. It was determined that the injured worker did not have any negative predictors for participating in a functional restoration program, and 10 visits over 2 weeks of a functional restoration program for the left knee, and psych was requested. A Request for Authorization form dated 12/11/2014 was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program 10 visits over 2 weeks for left knee and psych: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-32 & 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30.

Decision rationale: The requested functional restoration program, 10 visits over 2 weeks for the left knee, and psych are medically necessary and appropriate. The clinical documentation submitted for review does indicate that the injured worker has psychological deficits and functional deficits that would benefit from a multidisciplinary approach. California Medical Treatment Utilization Schedule recommends functional restoration programs for individuals who have undergone a functional assessment and behavioral assessment to identify negative predictors; and deficits that would benefit from a multidisciplinary approach. It is also recommended that injured workers who have exhausted lower levels of treatment and are not surgical candidates be provided a functional restoration program. California Medical Treatment Utilization Schedule recommends a 2 week trial to establish efficacy and patient compliance. The request falls within this recommendation. As such, the requested functional restoration program, 10 visits over 2 weeks for the left knee, and psych are medically necessary and appropriate.