

Case Number:	CM15-0053190		
Date Assigned:	03/26/2015	Date of Injury:	01/15/2009
Decision Date:	05/08/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/23/2015

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: Pennsylvania, Ohio, 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:

This 36 year old woman sustained an industrial injury on 1/15/2009 to her knee and wrist after tripping on a curb and landing on all fours. Evaluations include x-rays and MRI of the right knee, bilateral upper and lower electromyograms. Diagnoses include left knee patellar tendinitis, right knee arthropathy with internal derangement, bilateral carpal tunnel syndrome, history of gastric ulceration, reactive depression, and anxiety. Treatment has included oral medications, surgical intervention, chiropractic treatment, and physical therapy. Physician notes dated 2/3/2015 show complaints of wrist and knee pain. Recommendations include functional restoration program evaluation and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs); Chronic pain programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs/Functional Restoration Programs Page(s): 32.

Decision rationale: MTUS does not recommend an FRP or FRP Evaluation unless/until all other potential options have first been exhausted. The records do not document an adequate initial trial of unimodal mental health care prior to considering an FRP program. Therefore this request is not medically necessary.