

Case Number:	CM14-0153045		
Date Assigned:	09/23/2014	Date of Injury:	05/13/2008
Decision Date:	10/24/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/19/2014

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 Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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:

This 64 year old patient had a date of injury on 5/13/2008. The mechanism of injury was not noted. In a progress noted dated 8/21/2014, the patient reports a lot of pain and discomfort in her left knee and difficulty sleeping at night. She feels depressed at times, and has severe pain in left knee. On a physical exam dated 8/21/2014, there is well healed surgical scar in left knee, and patient walks with a limp. She uses a straight point cane, and motor strength is 5/5/ for left knee. The diagnostic impression shows left knee internal derangement, left knee pain Treatment to date: medication therapy, behavioral modification, knee surgery in 2/11/2011 A UR decision dated 9/8/2014 denied the request for 1 functional restoration program evaluation for left knee pain as outpatient, stating that there is no physician information available in terms of physician office notes, and that clinical documentation would need to be submitted for consideration for functional restoration program evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional restoration program evaluation, for left knee pain as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines criteria for functional restoration program participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; a significant loss of ability to function independently; that the patient is not a candidate where surgery or other treatments would clearly be warranted; that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and that negative predictors of success above have been addressed. However, in the 8/21/2014 progress report, there was no evidence that this patient has failed all conservative therapy, as she is continuing duragesic patches and ketoprofen cream. It was also unclear if this patient has attempted physical therapy or acupuncture sessions. Furthermore, there was also no indication that this patient has lost the ability to function independently. Therefore, the request for Functional Restoration Program Evaluation For Left Knee Pain As Outpatient is not medically necessary.