

Case Number:	CM14-0180803		
Date Assigned:	11/06/2014	Date of Injury:	05/02/2011
Decision Date:	12/15/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/30/2014

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 Osteopathic Family Practice, has a subspecialty in Occupational Medicine/ Pain Med and Manipulation 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:

The patient is a 31-year-old female with a date of injury on May 2, 2011. She is status post two left arthroscopic knee surgeries on November 5, 2012 and April 16, 2012. She is also status post right knee medial meniscectomy on February 17, 2014. The patient is currently not working and has not worked for the past three years. Qualified medical legal psychological evaluations report dated June 15, 2014 pointed out that there was no facial or possible indication that the patient was experiencing physical pain. The psychologist also noted that when the patient left the office she appeared to have no difficulty walking even though she held a cane in her right hands. The patient expressed concerns about not being able to care for her 16 year old daughter. The patient also noted that she is awaiting a knee injection. The psychologist noted that the patient has not received any cognitive behavioral pain management training. It was noted that the patient was prescribed Paxil when she was diagnosed with depression and this has been an adjunct to her pain medication. The psychologist noted that an SNRI is an alternative to SSRI since SNRIs have been shown to contribute to pain control as well as functioning as an antidepressant. The psychologist recommended a functional restoration program. The patient was seen by her treating physician on June 24, 2014 at which time she complained of six and 7/10 knee pain. It is noted that Paxil helps with depression. The patient was diagnosed with left knee degeneration versus postsurgical changes of MCL, medial meniscus posterior horn tear with loculated related popliteal cyst of the right knee, left-sided L5-S1 lumbar radiculopathy, chronic myofascial pain syndrome and depression. Her pain is under control and manageable with naproxen, and Neurontin. She takes Protonix for upset stomach and heartburn. She takes Paxil for depression. She is to continue with ROM, stretching and strengthening of knees at home. She should return to work at a sedentary level. Medical legal report dated July 11, 2014 noted that injection of the

right knee has been requested and is considered reasonable for short term pain relief. It is noted that the psychologist has indicated the need for future care and this would likely include the continued use of an antidepressant. With regards to a functional restoration program, it was noted that if the PTP requests a functional restoration program, this would be supported for an initial two-week period of time. The patient was seen by her treating physician on September 16, 2014 at which time she complained of 4 to 7/10 bilateral knee pain. She has been waiting for a functional restoration program evaluation. She feels frustrated and angry because of long waiting. Request is for functional restoration program evaluation with two weeks treatment as recommended by the QME. Regarding work status, it is stated that the patient should return to work at a sedentary level. Utilization review was performed on October 2, 2014 at which time the request for functional restoration program evaluation for two weeks treatment was noncertified. The prior peer reviewer noted that injections have been requested but not performed. The peer reviewer also noted that a functional capacity evaluation has not been performed. It was also noted that the guidelines do not recommend FRP for patients who have been continuously disabled for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program evaluation for patients 2 weeks treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-34.

Decision rationale: The request for Functional restoration program evaluation and two week treatment is not medically necessary. One criteria for such a program is that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In this case, there is no evidence that that patient has undergone the recommended knee injection. It should be also noted that there may be some evidence of malingering as noted by the psychologist's report. Per the cited references, "Unfortunately, being a claimant may be a predictor of poor long-term outcomes. (Robinson, 2004). The patient does not meet the criteria for entering a functional restoration program. Additionally, a two week program would not be supported without an initial evaluation.