

Case Number:	CM14-0086968		
Date Assigned:	09/08/2014	Date of Injury:	01/31/2009
Decision Date:	10/31/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/10/2014

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 Orthopedic Surgery 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 injured worker is a 37-year old gentleman who sustained a right knee injury on 01/31/09. The clinical progress reports for review documented chronic knee pain and that the injured worker participated in a pain program on 2/27/2014 and completed four weeks, 120 hours, of functional restoration. On 3/11/2014, the follow-up office visit noted continued complaints of right knee pain for a diagnosis of right knee degenerative joint degeneration status post right knee "injury". Physical examination revealed a positive Apley's test. Recommendations at that time were for continued use of medications of Tylenol No. 3, Flexeril, Lidoderm Patches, Meloxicam, a urine drug screen and four additional weeks of the functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine procedure (outpatient): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program Page(s): 49.

Decision rationale: The request for continued use of this physical medicine procedure, requested by the treating physician as four additional weeks of functional restoration, cannot be

considered medically necessary. The Chronic Pain Guidelines recommend that functional restoration treatment is not suggested for longer than 2 weeks without evidence of subjective and objective gains. The medical records document that the injured worker completed 120 hours of treatment for functional restoration. It appears that the injured worker has made slow progress. There is no documentation that the injured worker has achieved a reduction in pain medication usage and there is no documentation of the claimant's return to work goals. There are no acute clinical findings on examination or documentation of change in symptoms. The treating physician has not provided any documentation to determine how continuation of the program would benefit this injured worker. The additional request for four (4) additional weeks of the program would not be indicated based on program hours that have already been utilized in this case. Therefore, this request is not medically necessary.