

Case Number:	CM14-0098840		
Date Assigned:	07/28/2014	Date of Injury:	03/16/2013
Decision Date:	10/02/2014	UR Denial Date:	06/21/2014
Priority:	Standard	Application Received:	06/27/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 61-year-old gentleman was reportedly injured on March 16, 2013. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated July 3, 2014, indicates that there are ongoing complaints of low back pain and right knee pain. The physical examination demonstrated inflammation of the right knee and crepitus with range of motion. There was tenderness at the peripatellar region. Examination of the lumbar spine reveals normal range of motion, tenderness over the paravertebral muscles, and a positive Kemp's test. Diagnostic imaging studies of the lumbar spine revealed disc desiccation and disc bulges from L2 - L3 through L5 - S1. An MRI the right knee prior to surgery reveals a horizontal tear at the posterior horn of the medial meniscus as well as a partial tear of the anterior cruciate ligament. Previous treatment includes right knee surgery, physical therapy, and participation in a functional restoration program. A request made for six functional restoration program sessions and a urine drug screening was not certified in the pre-authorization process on June 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 functional restoration program sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the criteria for a functional restoration program include documentation that the injured employee has significant loss of ability to function independently as a result of chronic pain. The guidelines also state that, if a goal of treatment is to prevent or avoid surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided. According to the attached medical record, the injured employee has previously participated in a functional restoration program and, nonetheless, had right knee surgery. Furthermore, there is no documentation that the injured employee has a significant loss of ability to function independently. For these reasons, this request for six functional restoration program sessions is not medically necessary.

1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The California MTUS Guidelines support urine drug screening as an option to check for the presence of illegal drugs; or in patients with previous issues of abuse, addiction or poor pain control. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request for urine drug screen is not considered medically necessary.