

Case Number:	CM14-0218338		
Date Assigned:	01/08/2015	Date of Injury:	09/04/2011
Decision Date:	03/12/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: 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 is a female who suffered an industrial related injury on 8/4/11 after a slip and fall accident. A physician's report dated 10/16/14 noted the injured worker had complaints of bilateral knee pain. The injured worker underwent right knee arthroscopic surgery on 8/28/12. She had also received a series of 5 viscosupplementation injections to the right knee. Chronic low back pain with radiation to both legs and difficulty sleeping do to pain was noted as well. Physical examination findings included moderate thoracic and lumbar paraspinal tenderness. Neurologic, strength, sensation, and deep tendon reflex testing were all within normal limits. Diagnoses included right knee meniscal tear, low back pain, lumbar degenerative disc disease, lumbar radiculopathy, depression, and anxiety associated with chronic pain. The injured worker was temporarily totally disabled. The physician recommended a functional restoration program evaluation. On 12/16/14 the utilization review (UR) physician denied the request for 1 functional restoration program evaluation. The UR physician noted the injured worker had a functional capacity evaluation on 6/2/14 which reported the injured worker did not plan to return to work at all. Therefore the request was denied.

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: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004),
Independent medical examination and consultations. Ch:7

Decision rationale: The patient presents with bilateral knee pain and chronic low back pain with radiation down both legs. The request is for 1 FUNCTIONAL RESTORATION PROGRAM EVALUATION. ACOEM Practice Guidelines second edition 2004, page 127, has the following, "occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The 10/16/2014 report states that the patient completed the FRP evaluation. During the physical therapy portion of the evaluation, she notes that she could not complete many tasks such as lifting or carrying due to pain and also fear of exacerbating her pain. The physical therapist did not participate in the roundtable discussion. It appears that the patient has already had a recent functional restoration program evaluation and there is no indication of why another one is necessary. Therefore, the requested functional restoration program evaluation IS NOT medically necessary.