

Case Number:	CM15-0015705		
Date Assigned:	02/05/2015	Date of Injury:	01/22/2013
Decision Date:	03/26/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/27/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 injured worker is a 62 year old male who sustained a work related injury on January 22, 2013, after being in a bent position under a conveyor belt and incurring sharp knee pain. He had difficulty flexing the knee and walking any distances. Treatment included rest, physical therapy, ice and medications. Magnetic Resonance Imaging (MRI) performed in May, 2013 revealed a large medial meniscal tear in the right knee. He underwent a right knee arthroscope at that time. Knee pain continued and a second knee arthroscope was performed in March 2014. Currently, in October, 2014, he complains of continuous pain, stiffness, decreased range of motion and weakness in the right knee with difficulty flexing it. Diagnoses included bilateral internal knee derangement, right knee meniscus injury, and left knee injury. On January 20, 2015, a request for a service of an initial Functional Restoration Program for 2 weeks treatment at [REDACTED] was modified to initial Functional Restoration Program for 2 weeks treatment, by Utilization Review, noting California Chronic Pain Medical Treatment Utilization Schedule.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial Functional Restoration Program x2 weeks treatment at [REDACTED]
 [REDACTED]: Upheld**

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention, Page(s): page(s) 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach:(a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003)." There is no documentation that the patient condition require functional capacity evaluation. The requesting physician should provide a documentation supporting the medical necessity for this evaluation. The documentation should include the reasons, the specific goals and end point for Functional Capacity Evaluation. Therefore, the request for Initial Functional Restoration Program x2 weeks treatment at [REDACTED] is not medically necessary.