

Case Number:	CM15-0120200		
Date Assigned:	06/26/2015	Date of Injury:	03/17/2004
Decision Date:	08/04/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/22/2015

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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 54 year old female sustained an industrial injury to the right knee on 3/17/04. Previous treatment included magnetic resonance imaging, right knee surgeries, injections, functional restoration program and medications. In a progress note dated 5/11/15, the injured worker complained of increased pain and discomfort in the right knee and foot. The injured worker had quit smoking and gained weight so the knee brace was not fitting well. The injured worker was requesting a functional restoration program as it was helpful in the past. Physical exam was remarkable for mild tenderness to palpation at the right knee joint line with pain at the neuroma and equal deep tendon reflexes and motor strength to bilateral lower extremities. Current diagnoses included left knee meniscal tear, history of right knee surgery times three, right knee internal derangement, right knee degenerative joint disease, right foot neuroma, depression, anxiety and patellofemoral joint degenerative changes of the knees. The physician noted that the injured worker was not using Skelaxin and was not using Xanax most of the time. The injured worker still had some anxiety. The treatment plan included continuing medications (Norco, Zolof and Prilosec), continuing home exercise and two weeks of functional restoration program per the injured worker's request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program (2 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs); chronic pain programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 30-32.

Decision rationale: In regard to FRP, treatments included in the category of interdisciplinary pain programs are designed to use a medically directed, interdisciplinary pain management approach geared specifically for patients with chronic disability occupational musculoskeletal disorders. MTUS states the patient should have significant loss of ability to function independently resulting from chronic pain. This patient does not meet this criteria. The medical records do not indicate functional deficits that could not be addressed with a home exercise program. There is no documentation of previous success with physical therapy. The patient also notes previous participation in an FRP was of not benefit. Therefore the request is deemed not medically necessary or appropriate.

Durable medical equipment (DME) knee brace (right): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 301.

Decision rationale: According to ACOEM guidelines, knee braces are indicated in cases of patellar instability, ACL tear, or MCL instability. This patient has not been diagnosed with these conditions and therefore does not meet the criteria for a knee brace. There is otherwise no documentation of knee instability so this request is deemed not medically necessary or appropriate.