

Case Number:	CM15-0171544		
Date Assigned:	09/11/2015	Date of Injury:	05/16/2013
Decision Date:	10/30/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/31/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 65 year old female, who sustained an industrial injury on 5-16-2013. A review of the medical records indicates that the injured worker is undergoing treatment for status post right knee operative arthroscopy October 2013 and June 2014 and internal derangement-degenerative joint disease of the right knee. The Primary Treating Orthopedic Physician's report dated 7-1-2015, noted the injured worker had received only temporary relief with recent physical therapy, remaining symptomatic with her knees being the most troublesome area. The injured worker was noted to have non-antalgic gait, unable to fully squat or duck waddle due to right knee pain. The right knee examination was noted to show small effusion, tenderness to palpation over the medical joint line, mild patellofemoral irritability with satisfactory patella excursion and tracking, medial pain with McMurray's maneuver and range of motion (ROM) 0-120 degrees with some crepitation. The treatment plan was noted to include prescribed medications of Orudis and Protonix, and a request for authorization for a trial of six functional restoration visits for the bilateral knees, cervical, thoracic, and lumbar spine. The injured worker was noted to be working with full duty work activities. The Primary Treating Orthopedic Physician's report dated July 22, 2015, noted the injured worker awaiting authorization for the functional restoration, as she did not notice any improvement with continued self-treatment. The right knee examination was unchanged since the previous visits. The treatment plan was noted to include remained unchanged since the July 1, 2015, treatment plan. The request for authorization dated 7-31-2015, requested Orudis 75 mg 60 mg, Protonix 20 mg #30, and functional restoration visits for the right knee # 6. The Utilization Review (UR) dated 8-5-2015, certified the requests for Orudis 75 mg 60 mg and Protonix 20 mg #30, and non-certified the request for functional restoration visits for the right knee # 6. On 8/19/15, the treating physician states that there was no benefit from functional restoration visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration visits right knee# 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

Decision rationale: MTUS Guidelines have very specific standards to justify the utilization of a functional restoration program. These standards include specific pre-entry screening and utilization of a program that has successful outcomes with workers compensation individuals. These Guideline standards were not met. It is not completely clear from the medical narratives if the requesting physician utilized the term "functional restoration program" in a manner consistent with the Guidelines. However, there has been extensive physical therapy and this individual was managing with self-care and had returned to full work duties. The request for Functional Restoration visits right knee #6 is not supported by Guidelines and is not medically necessary.