

Case Number:	CM13-0036474		
Date Assigned:	12/13/2013	Date of Injury:	07/08/2010
Decision Date:	04/10/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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:

This patient is a 34 year-old male technician who sustained a right knee injury upon rising from a chair on 7/8/10 while employed by [REDACTED]. Request under consideration include Functional Restoration Program (FRP); five (5) times per week for two (2) weeks; ten (10) days, two (2) weeks, 60 hours from the [REDACTED]. Conservative treatment has included medications, physical therapy, injections, modified and off work for diagnosis of Patellar tendonitis. He subsequently underwent right patellar tendon debridement on 3/15/11. Repeat MRI of the knee on 8/28/13 when compared to MRI of 7/13/12 noted Intact anterior and posterior cruciate ligament; post-surgical patellar thickening; Intact medial and lateral collateral ligament complex; Normal patella-femoral joint and medial and lateral patella-femoral retinacula; No surgical lesion. Physical therapy evaluation for [REDACTED] FRP dated 6/17/13 from Therapist [REDACTED] noted the patient's functional movement/activities to demonstrate lifting 10 lbs. x3 from floor to waist, waist to shoulder, and overhead with carrying 10 lbs. x 3 and pushing pulling at 15 lbs. with 3 flights of stairs with difficulty. At two week report in the FRP, the patient was only performing 7 lbs. from floor to waist, waist to shoulder, and carrying capacity of 7 lbs. as well with Activities of Daily Living Scale unchanged at score of 53 from week 1 and week 2, indicating moderate level of disability. Report dated 11/7/13 from [REDACTED], Pain management, noted the patient was last seen on 9/6/13; the patient has participated in the functional restoration program for approximately two (2) weeks; his function has not changed, but he found the cognitive behavioral psychotherapy to be helpful including meditation techniques. Limited exam noted he is a pleasant man in no acute distress; he is tender along the left buttock; left hip range of motion is intact. Diagnoses include Low back pain radiating to left leg; lumbar disc degeneration L5-S1 with disc bulge and foraminal stenosis; probable Left L5 radiculopathy; Right knee pain s/p surgery; and Adjustment disorder.

Treatment plan was to observe recent sharp buttock pain with multiple potential causes; use anti-inflammatory; access to cognitive behavioral psychotherapy. Request for the functional restoration program was non-certified on 9/27/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program; five (5) times per week for two (2) weeks; ten (10) days, two (2) weeks, 60 hours: 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 Functional Restoration Programs Page(s): 30-34.

Decision rationale: The guidelines criteria to continue a functional restoration program beyond 20 sessions requires clear rationale and functional improvement from treatment rendered. It states "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function". Overall, per the submitted assessment, the patient has unchanged or decreased in ADL functions and shown no change with actual decrease with physical ability in lifting, carrying, pushing and pulling. There is no documented increase in psychological condition, physical activities and independence, or functional improvement with the treatments already completed as noted by [REDACTED] in follow-up report of 11/7/13 to indicate or support further additional FRP treatment. The Functional Restoration Program; five (5) times per week for two (2) weeks; ten (10) days, two (2) weeks, 60 hours is not medically necessary and appropriate.