

Case Number:	CM14-0167430		
Date Assigned:	10/14/2014	Date of Injury:	08/29/2011
Decision Date:	11/17/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/10/2014

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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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:

Injured worker is a female with date of injury 8/29/2011. Per interdisciplinary evaluation summary and treatment plan dated 9/15/2014, the injured worker complains of chronic pain in her left knee. She has had arthroscopic repair of a medial meniscus tear and a repeat left knee arthroscopy with debridement along with a left knee arthrotomy with open osteochondral autograft transfer system. She is in physical therapy for three weeks and has recently discontinued using a cane. Diagnoses include 1) status post left knee arthroscopy with debridement 2) history of deep vein thrombosis (DVT) 3) history of pulmonary embolism 4) chronic pain syndrome 5) depression 6) anxiety 7) gait dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program (FRP), outpatient individualized and integrated FRP using biopsychosocial 20 days plus 6 monthly follow-ups, FRP to be done at [REDACTED], quantity: 26 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 49.

Decision rationale: The MTUS Guidelines recommend the use of functional restoration programs (FRPs) although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs are geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Twenty days is in excess of this two week limit to allow for subjective and objective gains to occur before determining if extending the program length is necessary. The request for Functional restoration program (FRP), outpatient individualized and integrated FRP using biopsychosocial 20 days plus 6 monthly follow-ups, FRP to be done at [REDACTED], quantity: 26 visits, is determined to not be medically necessary.