

Case Number:	CM14-0026397		
Date Assigned:	06/13/2014	Date of Injury:	06/25/2012
Decision Date:	07/18/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/03/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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:

The injured worker is a 43 year old male, who reported an injury on 06/24/2012; the mechanism of injury was a crush injury. The injured worker had a history of right knee chronic pain. Upon examination on 02/14/2014, the injured worker completed the [REDACTED] Functional Restoration Program ([REDACTED]) which consisted of cognitive behavioral training classes, educational lectures, group therapy sessions and individualized physical therapy sessions. The injured worker's anxiety and depression were observed to be 80% reduced as measured by the Hamilton scales. The range of motion demonstrated 90 degrees of lumbar flexion, 5 degrees of lumbar extension, 40 degrees of knee flexion on the right and 128 degrees of knee flexion on the left. On admission the range of motion demonstrated 60 degrees flexion and 10 degrees lumbar extension, 20 degrees of knee flexion on the right and 120 degrees of knee flexion on the left. The injured worker was able to tolerate from 5 minutes to 30 minutes of cardiovascular training on the treadmill or upper extremity bike at least four days a week, increase in squats from none to 50%, increase in lunge from unable to lunge to 40% range. Upon examination on 02/24/2014, the injured worker had no change in the right knee pain and stiffness. The injured worker still required a cane for ambulation and had right shoulder pain when using the cane. The right knee showed limited flexion when walking, ability to fully bear weight on the right leg, inability to squat, kneel or walk toes/heels without difficulty. The injured worker has diagnoses of chronic right knee pain status post right lateral partial meniscectomy, synovectomy, patellofemoral chondroplasty, debridement of anterior cruciate ligament and longitudinal tear on 01/30/2013, myofascial pain in the right side of the neck and upper back, right shoulder arthropathy / tendinitis, chronic limbosacral strain due to compensatory gait changes, right ankle contusion with limited range of motion, gait disturbance and reactive depression. The diagnostic studies, surgeries, and procedures were not included in the documentation. Medications included

Tramadol 50 mg, Vicodin 5/500 mg, Ibuprofen 800 mg, Gabapentin 600 mg, and Omeprazole 20 mg. The treatment request is for additional 6 sessions of functional restoration program for aftercare. The request for authorization form was dated 02/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL 6 SESSIONS OF FUNCTIONAL RESTORATION PROGRAM FOR AFTERCARE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-32.

Decision rationale: The request for additional 6 sessions of functional restoration program for aftercare is non-certified. The injured worker has a past history of right knee chronic pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines state the treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). The injured worker received the complete restoration program for six weeks; however he continues to have pain in the right knee and shoulder. He also continues to use medications for the pain. There is a lack of documentation indicating how often the medication is taken, the duration of relief of the pain from the medications, and whether there are any side effects presented when taking the medications. There is no evidence that continuing with an additional 6 sessions of aftercare would change the level of pain for the injured worker. As such, the request for additional 6 sessions of functional restoration program for aftercare is non-certified.