MAXIMUS Federal Services

Case Number:	CM14-0039121		
Date Assigned:	06/27/2014	Date of Injury:	03/31/2012
Decision Date:	08/19/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/03/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 48-year-old male with a reported date of injury on 03/31/2012. The injury reportedly occurred when the injured worker fell into a hole. His diagnoses were noted to include low back pain, calcific tendinitis of the medial collateral ligament to the left knee, and bilateral knee pain. His previous treatments were noted to include physical therapy, steroid injection, and NSAIDs. Per the progress note dated 01/14/2014, the injured worker complained of constant pain and stiffness in his left knee radiating to his left heel, as well as clicking, popping, locking, and giving way. Physical examination revealed tenderness to palpation over the medial and lateral joint lines; range of motion was limited with flexion to 120 degrees and extension to 0 degrees. The special testing regarding McMurray's and drawer testing were negative. The neurological exam of the left knee revealed motor strength to be rated 5/5, sensation was intact, and deep tendon reflexes were 2+. The progress note dated 03/05/2014 revealed the injured worker complained of pain to his left knee that has not changed. The physical examination revealed left knee pain that has not changed since the previous visit. The request for authorization form was not submitted within the medical record. The request was for a functional restoration program 2 times a week for 6 weeks for the left leg and knee; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program 2X6 for the left leg and knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program Page(s): 49.

Decision rationale: The request for a Functional Restoration Program 2 times a week for 6 weeks for the left knee and leg is not medically necessary. The injured worker has completed previous 24 sessions of physical therapy. The California Chronic Pain Medical Treatment Guidelines recommend Functional Restoration Programs although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional Restoration Programs, a type of treatment included in a category of interdisciplinary pain programs, were originally designed to use a medically-directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function or the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to the cohorts that did not receive an intensive program. There is a lack of documentation regarding functional deficits to warrant the need for a Functional Restoration Program. There is a lack of documentation regarding a pain scale rating and a current measurable functional deficit, as well as quantifiable objective functional improvements from previous physical therapy sessions. Therefore, due to the lack of documentation, a Functional Restoration Program is not appropriate at this time. Therefore, the request is not medically necessary.