

Case Number:	CM14-0092038		
Date Assigned:	07/25/2014	Date of Injury:	10/04/2011
Decision Date:	10/01/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/18/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 57-year-old male who has submitted a claim for osteoarthritis, bilateral knees, with subsequent knee replacements, meralgia paresthetica, left thigh, and residuals of posterior tibial reconstruction, left ankle associated with an industrial injury date of 10/04/2011. Medical records from 01/15/2014 to 05/29/2014 were reviewed and showed that patient complained of right knee graded 7/10 and left knee graded 8/10. Physical examination revealed well-healed scars over anterior aspect of bilateral knees, bilateral quadriceps atrophy, and antalgic gait. X-ray of the right knee dated 12/27/2012 revealed well-paced TKA revision without change. X-ray of bilateral knees dated 08/08/2013 revealed well-placed total knee replacements. X-ray of the left knee dated 03/06/2014 revealed well-placed total knee arthroplasty without cement. Treatment to date has included right total knee replacement 11/01/2011, right total knee arthroplasty revision (10/09/2012), functional restoration program (approved on 05/09/2104) left total knee arthroplasty (05/28/2013), left knee arthroscopy (01/15/2014), physical therapy, left knee cortisone injection, front-wheeled walker, cane, extensor knee brace, HEP, crutches, and pain medications. 05/05/2014. Of note, there was noted improvement in physical therapy (05/05/2014). Utilization review dated 06/16/2014 denied the request for functional restoration program because medical evidence does not indicate that these programs were effective in treating right knee problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program qty 160: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 30-32, 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 30-32.

Decision rationale: As stated on pages 30-32 of the CA MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program participation may be considered medically necessary when all of the following criteria are met: an adequate and thorough evaluation including baseline functional testing; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; there is significant loss of ability to function independently; the patient is not a candidate where surgery or other treatments would clearly be warranted; the patient exhibits motivation to change; and negative predictors of success have been addressed. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the patient complained of bilateral knee pain. The patient underwent physical therapy with noted improvement (05/05/2014). Hence, treatment failure is not evident in this case. There was no documentation that the patient exhibited motivation to change. Moreover, utilization review dated 05/09/2014 already approved functional restoration program for the patient. Lastly, the request for quantity 160 of functional restoration program because is not in conjunction with guidelines. The guidelines do not recommend functional restoration program for more than 2 weeks without evidence of functional improvement. Therefore, the request for Functional Restoration Program qty 160 is not medically necessary.