MAXIMUS Federal Services

Case Number:	CM13-0015288		
Date Assigned:	10/08/2013	Date of Injury:	03/25/2009
Decision Date:	01/02/2015	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/22/2013

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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:

The patient is a 54-year-old female with a date of injury of 03/25/2009. According to progress report dated 07/25/2013, the patient is currently in her fourth week at the [redacted]. The patient continues to complain of bilateral knee pain but overall, she is making progress with treatment. She is highly motivated to return to work. She continues to utilize her medications appropriately and participates in physical therapy despite exacerbations of bilateral knee pain. The patient's current medication regimen includes Norco 10/325 mg, topical diclofenac sodium, Lunesta 2 mg, Prozac 20 mg, and tizanidine 4 mg. Physical examination noted "her mood remains positive, and her affect is appropriate. She has well-healed surgical scars over the anterior aspects of both her knees and gait is antalgic. She is walking without a cane." The listed diagnoses are:1. Chronic right knee pain, status post total right knee replacement in May 2009.2. Chronic left knee pain, status post total left knee replacement on 05/04/2011.3. Gait disturbance.4. Chronic pain syndrome.Functional restoration discharge summary from 08/09/2013 states patient has participated through the entirety of the program with daily involvement in cognitive behavioral training, educational lectures, group therapy sessions, and individual physical therapy sessions. It was noted that following 6 weeks of treatment, there was significant improvement in patient's mood and mental status and overall functionality. The patient did continue to require usage of Norco for management of acute exacerbation of knee, but overall did not increase her medication usage despite increasing activity levels. The treating physician states, "We are also requesting sessions of aftercare treatment so the gains the patient has made can be integrated and internalized in a way that will allow her to continue the successes as she begins to be more engaged in activities of daily living and to think through the steps of returning to some form of work given the nature of her

disability." The request is for additional 2 weeks in the functional restoration program. Utilization review denied the request on 08/14/2014. Treatment reports from 12/14/2012 through 08/09/2013 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Functional Restoration Program ten (10) days (2 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Chapter, Functional Restoration Programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

Decision rationale: This patient has completed the 4-week comprehensive interdisciplinary functional rehabilitation program with noted benefits. The current request is for additional functional restoration program (10) days (2 weeks). Regarding additional treatment in a functional restoration program, the MTUS states, "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations required individual care plans, improvement outcomes, and should be based on chronicity of disability and other known risk factors for loss of function." The treating physician does not provide a clear rationale as to the medical necessity for continuation of the program. The treating physician has continually noted increase in functional abilities, and reduction in pain. Report 08/05/2013 states that aftercare treatment would be sought so that the patient can continue to "utilize and internalize what she had learned in the program so that she become engaged in her ADLs and progress towards returning to work." MTUS Guidelines requires specific plan with goals to consider extension in the program, which has not been provided in this case. In addition, it is unclear why the patient will not be able to apply what she has learned from the participation in the HELP program to address any residual issues. The request is not medically necessary.