

Case Number:	CM14-0194086		
Date Assigned:	12/01/2014	Date of Injury:	02/02/2012
Decision Date:	01/15/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/19/2014

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, 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 41-year-old female with a date of injury of 02/02/2012. The listed diagnoses are: 1. Osteoarthritis of knee. 2. Old medial collateral ligament disruption. 3. Psychophysiological disorder. 4. Depressive disorder. Per treating physician report 10/01/2014, the patient presents with constant right knee pain with radiation of pain to the right calf. The pain is rated on average 6/10. Examination revealed joint swelling of the right knee which worsens with walking. There is stiffness and joint tenderness noted. There is right lower extremity weakness with occasional giving way while standing. The patient reports a tingling sensation in the right lower extremity along the medial aspect of the right knee. The patient also complains of depression, anxiety, and "feels burned out and stressed out." The patient has participated in 6 pain psychological sessions in the past which have been "helpful." [REDACTED] is "recommending further injections since recent increase in pain. Awaiting approval." The patient is currently not working. The treatment plan is for participation in a Functional Restoration Program. Assessment report from 09/23/2014, the standardized testing indicates fear of movement is a barrier to rehabilitation. It was noted the patient is motivated to return to work and not interested in pursuing surgical options. Short-term and long-term goals were addressed. The utilization review denied the request for FRP on 10/15/2014. Treatment reports from 05/20/2013 through 11/26/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unlisted E&M Service (Functional Restoration Program for 10 days, 60 hours, for the right knee): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restorational programs Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 30-33.

Decision rationale: This patient presents with chronic right knee pain. The current request is for Unlisted [REDACTED] (Functional Restoration Program for 10 days, 60 hours, for the right knee). The California MTUS page 30 to 33 recommends functional restoration programs and indicates if may be considered medically necessary when all criteria are met including, (1) adequate and thorough evaluation has been made, (2) previous methods of treating chronic pain have been unsuccessful, (3) significant loss of ability to function independently resulting from the chronic pain, (4) not a candidate for surgery or other treatment would clearly be warranted, (5) the patient exhibits motivation to change, (6) negative predictors of success above have been addressed. According to report 09/23/2014, a thorough evaluation was made including baseline functional testing, work physical demand capacity, and short- and long-term goals. It was noted the patient has significant loss of ability to function independently and has expressed that she would like to return to work. The treating physician has noted that the patient is not a candidate for surgery. However, on 10/01/2014 recommendation was made for participation in a Functional Restoration Program concurrently with additional injections with [REDACTED] MTUS recommends Functional Restoration Program for patients that meet all 6 criteria for FRPs. In this case the treating physician has provided an adequate and thorough evaluation, limited prior treatments are reported, documentation of loss of function from chronic pain is made, the patient is not a candidate for surgery, the patient exhibits motivation to change but there are no negative predictors of success addressed in the medical records. The treating physician has not met the 6 criteria set forth by MTUS making this request not medically necessary.