

Case Number:	CM14-0206224		
Date Assigned:	12/18/2014	Date of Injury:	03/19/2013
Decision Date:	02/12/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/09/2014

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 Rehab, has a subspecialty in Pain Medicine 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:

This is a female patient with a date of injury of March 19, 2013. A utilization review determination dated November 26, 2014 recommends non-certification of a functional restoration program 5 days a week for 8 weeks. An interdisciplinary evaluation dated November 5, 2014 identifies subjective complaints of left knee pain, left ankle pain, and left posterior leg pain. The patient reports the current pain level of 4/10. Sitting, standing, walking, bending, lifting, and driving aggravates her pain. Lying on her back relieves the pain. The physical examination identifies straight leg raising caused anterior posterior left knee pain at 60, McMurray's procedure caused anterior knee pain, there is tenderness diffusely around the patellofemoral joint, and there is tenderness along the left anterior talofibular, calcaneofibular, and Achilles tendons. The diagnoses include status post left knee arthroscopy with extensive debridement, moderate to severe reactive depression, mild anxiety, grade 1 left anterior talofibular and calcaneofibular sprain with mild Achilles tendinitis, and diabetes. The treatment plan recommends a request for approval for the patient to start the first 2 weeks of an 8 week functional restoration program. A letter of appeal for the denial of a functional restoration program dated December 1, 2014 identifies subjective complaints of left knee pain rated at a 4/10. The patient continues to have difficulty going up and down stairs, as well as difficulty kneeling and squatting. The physical examination reveals no swelling of the left knee, and full range of motion of the left knee with mild crepitus. The diagnoses include status post left knee arthroscopy with extensive debridement of hypertrophic tissue grade II to III chondromalacia of the patellofemoral joint, reactive depression, and diabetes. The treatment plan recommends approval of the recently denied functional restoration program, a prescription for naproxen 550 mg was given to the patient, and the patient is to continue with a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

40 sessions of Functional Restoration Program (5 days a week for 8 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34 and 49.

Decision rationale: Regarding the request for a functional restoration program 5 days a week for 8 weeks, California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and negative predictors of success above have been addressed. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The current request is for 8 weeks of a rehabilitation program, therefore exceeds the duration recommended by guidelines for an initial trial. In the absence of clarity regarding the above issues, the currently requested functional restoration program 5 days a week for 8 weeks is not medically necessary.