

Case Number:	CM15-0137676		
Date Assigned:	07/27/2015	Date of Injury:	04/10/2013
Decision Date:	09/29/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 29 year old male, who sustained an industrial injury on 4-10-13. Initial complaint was of his left knee. The injured worker was diagnosed as having tear medial cartilage or meniscus of the knee; pain in joint, lower leg; left knee pain with patellofemoral pain syndrome. Treatment to date has included status post left knee arthroscopy with medial-lateral menisectomies (7-31-13); physical therapy; medications. Diagnostics studies included MRI left knee (5-17-13). Currently, the PR-2 notes dated 6-8-15 - 6-11-15 indicated the injured worker is being treated in a Functional Restoration Program. The Functional Restoration Program Integrative Summary Report indicates the injured worker was treated in [REDACTED] Functional Restoration Program and the program was initialed on 6-1-15 and authorized at this time for 16 days (equating to 80 hours) out of a recommended 32 contact hours (equating to 160 hours) of which 9 days (equating to 45 hours) have been completed. The MRI of the left knee dated 5-17-13 is documented by the provider revealing a radial tear of the posterior horn of the medial meniscus, surface irregularity, intrameniscal increased signal of the lateral meniscus, moderate chondromalacia of the patella with nearly full-thickness chondral fissure defect near the junction of the median ridge and medial facet and marrow edema. The injured worker is a status post left knee arthroscopy with medial-lateral menisectomies on 7-31-13. The provider is requesting authorization of [REDACTED] Program for 80 hours for the left knee The Utilization Review decision was to modify this request to an additional 2 weeks or 10 days of part-time treatment based on the current schedule.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ Program for 80 hours for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 49.

Decision rationale: Based on the 9/5/14 progress report provided by the treating physician, this patient presents with left knee discomfort, stiffness, and at times pain which can be intense and knife-life especially with walking more than 30 minutes, standing more than 30 minutes, and lifting more than 45 pounds. The treater has asked for ██████████ PROGRAM FOR 80 HOURS FOR THE LEFT KNEE on 6/12/15. The patient's diagnoses per request for authorization form dated 6/12/15 is left knee. The patient is s/p 45 hours of an authorized 80 hours of an functional restoration program per 6/12/15 report. Per 6/12/15 report, the patient was able to meet his walking and standing goals at 60 minutes, and his future goal will be to increase lifting/carrying tolerance to 40 pounds. The patient takes two Norco per week as well as Ibuprofen per 9/5/14 report. The patient is s/p surgery of unspecified type from July 2013 per 9/5/14 report. The patient's work status is not mentioned in 6/12/15 report. MTUS Functional Restoration Programs (FRPs) pg. 49: Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs (see Chronic pain programs), were originally developed by Mayer and Gatchel. FRPs were 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 over 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 cohorts that did not receive an intensive program. (Bendix, 1998) A Cochrane review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. The evidence is contradictory when evaluating the programs in terms of vocational outcomes. (Guzman 2001) It must be noted that all studies used for the Cochrane review excluded individuals with extensive radiculopathy, and several of the studies excluded patients who were receiving a pension, limiting the generalizability of the above results. Studies published after the Cochrane review also indicate that intensive programs show greater effectiveness, in particular in terms of return to work, than less intensive treatment. (Airaksinen, 2006) There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. (Karjalainen, 2003) Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. For general information see Chronic pain programs. In 06/18/15 progress report, treater states that the patient has failed extensive care

including rest, physical therapy, medication trials, psychotherapy, and surgery, without lasting benefits. In this case, the patient has persistent chronic pain and seems to have benefited from the completed 45 hours of a functional restoration program. The request is for an additional 80 hours of functional restoration program. The patient at baseline could only walk and stand for 10 minutes, and has met his goal of 30 minutes per 6/12/15 report. The patient could not lift 45 pounds per 9/5/14 report, and his next goal for the next 80 hours of the functional restoration program is to lift /carry 40 pounds. However, the documentation states that the patient could only lift 16 pounds at baseline, observed on 4/27/15, and after completing 45 hours of functional restoration program, is now able to lift/carry 36 pounds on 6/23/15 report. It appears the patient has made good progress in standing, walking, as well as lifting/carrying. In addition, the report stated the patient has displayed waning motivation at times per 6/12/15 report. The patient has made good progress toward his goals, and the patient is able to lift 36 pounds already. The request for additional 80 hours of a functional restoration program IS NOT medically necessary.