

Case Number:	CM15-0164223		
Date Assigned:	09/01/2015	Date of Injury:	09/04/2013
Decision Date:	10/06/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/20/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal Medicine

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 41 year old female, who sustained an industrial injury on 9-4-2013. The mechanism of injury is unknown. The injured worker was diagnosed as having bilateral knee sprain-strain and left ankle sprain-strain. Right knee magnetic resonance imaging showed posteromedial capsulitis, subtle peripheral horizontal tear of the medial meniscus, patello-femoral chondromalacia and tendinopathy. Treatment to date has included 81 hours of a functional restoration program, therapy and medication management. In a progress note dated 6-25-2015, the injured worker complains of left knee pain. Physical examination showed moderate synovial swelling and moderate pain in the left knee. The treating physician is requesting functional restoration program for an additional 80 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Programs x additional 80 hours: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: According to the MTUS Functional Restoration Programs (FRPs) are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs, a type of treatment included in the category of interdisciplinary 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. Long-term evidence suggests that the benefit of these programs diminishes over time, but remains positive when compared to cohorts that did not receive an intensive program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The patient selection criteria for identification of patients that may benefit from early intervention via a multidisciplinary approach include: 1. The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. 2. The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. 3. There is a previous medical history of delayed recovery. 4. The patient is not a candidate where surgery or other treatments would clearly be warranted. 5. Inadequate employer support. 6. Loss of employment for greater than 4 weeks. In this case the patient has already participated in 81 hours of a FRP with documented improvement in functional strength, range of motion, cardiac endurance and coping skills for chronic pain. According to the guidelines, additional hours in a FRP can be allowed if the documentation supports a significant improvement in functioning after the initial hours. The additional hours in the FRP are medically reasonable.