

Case Number:	CM15-0183521		
Date Assigned:	09/24/2015	Date of Injury:	09/09/2013
Decision Date:	11/06/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/18/2015

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 49-year-old female, who sustained an industrial injury on 9-9-2013. She reported she twisted her right knee. Diagnoses include pain in limb, degenerative arthritis of knee, medial meniscus tear, status post two arthroscopies of the right knee. Treatments to date include activity modification, medication therapy, physical therapy and therapeutic joint injections. Currently, she complained of ongoing right knee pain and dysfunction. On 7-16-15, the physical examination documented right knee was diffusely tender with decreased range of motion and mild effusion. The record indicated she was pending follow up with orthopedic surgeon, with possible right knee replacement in the future. The plan of care included continuation of home exercise. The appeal requested authorization for a Functional Rehabilitation Program. The Utilization Review dated 9-1-15, denied the request stating "there is no documentation of failed physical therapy and-or return to work attempts." citing the California Medical Treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Rehab Program right knee: Upheld

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: The patient presents on 07/15/15 with right knee pain rated 7/10. The patient's date of injury is 09/09/13. Patient is status post two right knee arthroscopic surgeries. The request is for FUNCTIONAL REHAB PROGRAM RIGHT KNEE. The RFA was not provided. Physical examination dated 07/15/15 reveals mild joint effusion in the right knee, tenderness to palpation of the medial joint line, lateral joint line, medial femoral condyle, and lateral femoral condyle with pain elicitation upon flexion/extension of the joint. The patient is currently prescribed Ibuprofen and Naprosyn. Per 07/16/15 progress note, patient is currently classified as temporarily totally disabled through 10/02/15. MTUS Guidelines, Functional Restoration Programs section, page 49 has the following regarding the criteria for the attendance of an FRP: (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 treatments would clearly be; (5) The patient exhibits motivation to change; (6) Negative predictors of success above have been addressed. The guidelines further state that "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." MTUS does not recommend more than "20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or comorbidities)... Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." About the unspecified functional restoration program attendance for this patient's right knee complaint, this patient does not meet MTUS criteria for such a program. Progress note dated 07/15/15 notes that previous methods of treating pain have been unsuccessful, and note that this patient has already undergone at least two surgical procedures and at least one cortisone injection to date with few results. An adequate and thorough examination and evaluation of this patient's complaint was also provided. However, the two most recent progress notes, dated 07/15/15 and 07/16/15 do not include discussion regarding several criteria required by MTUS for functional restoration programs. Namely, this patient was approved for 6 sessions of physical therapy (which were ongoing at the time of the request), and it is not clear if these treatments failed to improve her symptoms or function. This patient is also pending an orthopedic surgical consultation, leaving open the possibility of total knee replacement surgery; MTUS states that FRP attendance should be limited to patients who are not potential surgical candidates. Furthermore, there is no statement regarding patient motivation to change, no evidence of significant functional losses, and negative predictors of success have not been clearly addressed. Without such documentation, attendance of a functional restoration program cannot be substantiated. Therefore, the request IS NOT medically necessary.