

Case Number:	CM15-0195450		
Date Assigned:	10/09/2015	Date of Injury:	07/02/2014
Decision Date:	11/18/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/06/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 29 year old female, who sustained an industrial injury on 07-02-2014. She has reported subsequent right knee pain and was diagnosed with internal derangement and chondromalacia of the right knee with bipartite patella. Treatment to date has included pain medication and chiropractic therapy, which were noted to have failed to significantly relieve the pain. In a progress note dated 06-23-2015, the physician noted that the injured worker had worsening pain and clicking with episodes of giving away in her right knee. Objective findings revealed some mild ligamentous laxity, pain in the knee with full squat and duck waddling, mild valgus deformity, tenderness to palpation over the anterior patella, moderate patellofemoral irritability and grade 4 out of 5 quadriceps, hamstring strength. During the 07-14-2015 office visit, the injured worker was noted to have begun functional restoration with improvement but remained symptomatic. Objective findings were the same as the previous visit. In a progress note dated 08-12-2015 the injured worker was noted to have completed six functional restoration visits with improvement but to remain symptomatic. Objective examination findings were unchanged from the previous visit. Work status was documented as "the patient is capable of sedentary work. If this is not available, she will be considered temporarily totally disabled for four weeks' time." The injured worker had completed six sessions of functional restoration therapy and the physician noted that 12 additional sessions were being requested. A request for authorization of functional restoration therapy two times a week for six weeks for the right knee was submitted. As per the 09-18-2015 utilization review, the request for functional restoration therapy two times a week for six weeks for the right knee was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Therapy Two (2) Times a Week for Six (6) Weeks for the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, 2015, Knee & Leg (Acute & Chronic), Physical Medicine Treatment.

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

Decision rationale: Functional restoration therapy two (2) times a week for six (6) weeks for the right knee is not medically necessary per the MTUS Guidelines. The MTUS states that participation in a functional restoration program or physical therapy requires evidence of functional improvement and a transition to an independent home exercise program. The MTUS recommends up to 10 visits for this condition. The patient has had sufficient prior therapy at this point to be versed in a home exercise program. There are no extenuating factors that necessitate 12 more supervised therapy visits therefore this request is not medically necessary.