

Case Number:	CM15-0196113		
Date Assigned:	10/09/2015	Date of Injury:	02/03/2014
Decision Date:	11/25/2015	UR Denial Date:	09/08/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational 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 40 year old female, who sustained an industrial injury on February 3, 2014. She reported right knee and right ankle strain. The injured worker was currently diagnosed as having chronic right knee pain status post right knee arthroscopic medial meniscus repair, chronic lumbosacral strain, right lateral ankle sprain, gait disturbance and reaction depression. Treatment to date has included diagnostic studies, medications, surgery, splint, physical therapy evaluation and treatment and functional restoration program. Progress over the total duration of functional restoration program was noted. The injured worker maintained active participation in physical therapy despite intermittent exacerbations of painful symptoms and demonstrated improvements in her functional abilities, she improved her ability to relax and improved pain coping through cognitive behavioral interventions, she tolerated maintenance of her medication regimen, she became proficient in an individualized home exercise program for the right knee, she increased social contact and reduced social isolation and she further developed future plans. Functional restoration program notes indicated the injured worker successfully completed the sixth week of the program, participating appropriately and demonstrating benefit. Week six testing indicated moderate pain intensity and pain interference in daily functioning. She was experiencing moderate anxiety and moderately severe depression. There was overall improvement in her functional abilities in the she was less isolated and more capable of managing chronic pain. Notes stated that the injured worker would benefit from aftercare sessions to help her further consolidate gains in managing her pain. On September 8, 2015, utilization review denied a request for Functional Restoration Aftercare Program times six sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration aftercare program x6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): functional restoration program.

Decision rationale: ODG states that at the conclusion of a functional restoration program 1, that similar programs should not be continued or reenrolled. It states that a similar outpatient program for the same injury or condition is not medically necessary. The aftercare program is specifically described as medically unnecessary by ODG since the aftercare program offers similar training for the same condition. This request for participation in an aftercare program is not medically necessary.