

Case Number:	CM15-0199861		
Date Assigned:	10/15/2015	Date of Injury:	10/12/2011
Decision Date:	11/24/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old male who sustained an industrial injury on October 12, 2011. The worker is being treated for: status post right knee crush injury, lumbar sprain. Subjective: August 10, 2015, significant low back pain and knee pain, anxiety, depression. July 13, 2015, April 23, 2015, "right knee pain worse with walking." June 25, 2015 "right knee pain worse with walking on uneven ground." Medications: August 10, 2015, July 13, 2015, June 25, 2015, April 23, 2015, Hydrocodone, and Naproxen. May 21, 2015 Norco noted increased. Treatment modality: Utilizes DME knee brace, exercises daily, surgery. On September 10, 2015 a request was made for functional restoration program 160 hours that was noncertified by Utilization Review on September 14, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program, 160 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

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

Decision rationale: The claimant sustained a work injury in October 2011 when, while working as a landscaper, a truck backed up into his right leg causing a dislocation. He required multiple surgeries including placement of external fixator, fasciotomies, and revascularization with a popliteal artery bypass graft. His sixth surgery in November 2011 was a fibular collateral ligament and popliteal tendon repair with peroneal neurolysis. When seen in August 2015, his back pain had improved. Review of systems was positive for anxiety and depression. He was wearing a right knee lock out brace. Medications were naproxen and hydrocodone. The total MED (morphine equivalent dose) was up to 20 mg per day. Physical examination findings included an antalgic gait. He had pain with lower extremity muscle testing. He had decreased knee strength at 4/5. There was significant patellar and superior tibial plateau tenderness. Authorization is being requested for participation in a functional restoration program. In terms of a functional restoration program, criteria include that the patient has a significant loss of the ability to function independently due to chronic pain, previous methods of treating chronic pain have been unsuccessful, and that there is an absence of other options likely to result in significant clinical improvement. In this case, the claimant is functioning independently. He is not taking high dose opioid medication. He has complaints of depression and anxiety, which are untreated. He had a significant right knee injury and further orthopedic evaluation is indicated. Lastly, in terms of functional restoration programs, guidelines suggest against treatment for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains and the requested number of sessions and duration of the program is in excess of recommended guidelines. For any of these reasons, the request is not medically necessary.