

<b>Case Number:</b>	CM15-0058928		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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

### 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 52 year old female who sustained a work related injury on May 13, 2013, incurring injuries to the left knee and lower extremities, after a fall at work. Treatment included knee immobilizer, anti-inflammatory drugs, and physical therapy and pain medications. She was diagnosed with internal derangement of the knee and a meniscus tear. The injured worker underwent a left knee arthroscopic. Currently, the injured worker complained of left knee pain, numbness and tightness of the knee. The treatment plan that was requested for authorization included an additional two weeks of functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 2 weeks of functional restoration program (10 days 60 hours): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FRP

Page(s): 30-34.

**Decision rationale:** Within the medical information available for review, there is indication that the patient has already completed many hours of a functional restoration program. The California Medical Treatment Utilization Schedule specify the following regarding duration of FRPs: "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). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function." The patient is attending a FRP program that is part time and as a note in March 2015, the patient has attended 120 hours thus far. According to the claims administrator, the initial approval was for 160 hours. This would constitute 160 hours and is in line with the guidelines as a full course (20 sessions x 8 hours per day). There are no extenuating circumstances as to why an additional 2 weeks would be needed. Given this, the current request is not medically necessary.