

Case Number:	CM14-0129150		
Date Assigned:	08/18/2014	Date of Injury:	06/08/2011
Decision Date:	09/30/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/13/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 30 year old patient had a date of injury on 6/8/2011. The mechanism of injury was not noted. In a progress noted dated 7/14/2014, subjective findings included he started having significant left knee pain again. He was unable to return to work as there is no modified duty available. Ultracet has been helping with his pain, although it causes headache the next day. On a physical exam dated 7/14/2014, objective findings included balance problems, anxiety and depression. He has been doing home exercise program and going to gym, and may have pushed himself too hard and he flared up his left knee. Diagnostic impression shows sprain and strain of cruciate ligament of knee, chronic pain. Treatment to date: medication therapy, behavioral modification, physical therapy. A UR decision dated 7/15/2014 denied the request for [REDACTED] Functional Restoration Program X160, stating that the claimant has not had a significant loss of ability to function independently and previous methods of treating chronic pain have been successful, including operative intervention and the recent course of physical therapy. Additionally, a physical examination was not performed on the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] Functional Restoration Program #160: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines ; Chronic Pain Programs Page(s): pages 30-34 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration program Page(s): 31-32.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines criteria for functional restoration program participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; a significant loss of ability to function independently; that the patient is not a candidate where surgery or other treatments would clearly be warranted; that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and that negative predictors of success above have been addressed. CA MTUS Chronic Pain Medical Treatment Guidelines support continued FRP participation with demonstrated efficacy as documented by subjective and objective gains. Additionally, MTUS states that total treatment duration should generally not exceed 20 sessions without a clear rationale for the specified extension and reasonable goals to be achieved. In a progress report dated 7/14/2014, there was no indication that this patient demonstrated a significant loss of ability to function independently. Furthermore, the objective findings showed this patient was diagnosed with anxiety and depression, and these psychological issues would need to be addressed. Additionally, the physical therapy visits as well as home exercise program was documented to produce functional benefit for this patient. Lastly, guidelines support up to 20 sessions, and no clear rationale was provided as to why this patient would need #160. Therefore, the request for [REDACTED] functional restoration program #160 is not medically necessary.