MAXIMUS Federal Services

Case Number:	CM14-0155673		
Date Assigned:	09/25/2014	Date of Injury:	01/30/2006
Decision Date:	12/15/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/23/2014

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 Physical Medicine & Rehabilitation, has a subspecialty 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:

The patient is a 67-year-old female with a date of injury of 01/30/2006. The listed diagnoses per [redacted] are:1. Mononeuritis, lower limb, NOS.2. Pain in joint, lower leg, S/P left TKA, March 2013.According to progress report 08/21/2014, the patient is in her second week of the functional restoration program. During her first week of the program, patient had difficulty coping with her chronic pain but does feel that she is better able to engage in the program during the second week. She does feel that the program has helped her cope psychologically. The patient trialed Ultracet, which she takes 1 to 2 tablets per day, and notes "mild benefit." She also continues to utilize trazodone 50 mg in the evening. Examination revealed well-healed left knee surgical scar and some mild allodynia over the lateral aspect of the left knee down to the lateral aspect of the left calf. Gait was antalgic with weight bearing favored on the right leg. Treater states the patient is participating in cognitive, behavioral, and physical therapy and is fully compliant with treatment and overall doing well. This is a request for continued functional restoration program for 80 hours for the left knee. Utilization review denied the request on 09/17/2014. Treatment reports from 04/11/2014 through 08/21/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Functional Restoration Program for 80 Hours for the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FRP Page(s): 49.

Decision rationale: This patient presents with chronic left knee pain and is currently in her second week of the Northern California Functional Restoration Program. This is a request for continued functional restoration program for 80 hours for the left knee. Regarding additional FRP, more than the allowed 20 days, the MTUS Guidelines, page 49, states, "Treatment duration in excess of 20 sessions require 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." In this case, the treater has not provided a clear rationale as to why this patient requires more than 20 days and what the individual care plan, and proven outcomes are. MTUS Guidelines require specific plan with goals to consider extension in the program. The request is not medically necessary.