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| Case Number: | CM14-0185053 | | |
| Date Assigned: | 11/12/2014 | Date of Injury: | 02/11/2005 |
| Decision Date: | 12/19/2014 | UR Denial Date: | 10/09/2014 |
| Priority: | Standard | Application Received: | 11/06/2014 |

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 and Rehabilitation, has a subspecialty in Interventional Spine, 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 55 year old male with an injury date of 10/09/14. The 07/07/14 report states the patient presents with left knee pain, has antalgic gait and ambulates with a cane. The 10/06/14 examination states that there is tenderness to palpation over the joint line of the left knee with mild patellofemoral irritability. The patient's diagnoses include: 1. Chronic Internal derangement degenerative joint disease of the right knee; 2. Status post left knee operative arthroscopy 04/05/05; 3. Chronic internal derangement/degenerative joint disease of the left knee; 4. Status post left knee arthroscopy, partial meniscectomy 10/02/13. The utilization review being challenged is dated 10/09/14. Reports were provided from 01/20/14 to 10/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 functional restoration program visits to 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 Criteria for the general use of multidisciplinary pain management programs Page(s): 30-33.

Decision rationale: The patient presents with left knee pain post arthroscopy 10/02/13. The treating physician requests for 12 Functional Restoration Program Visits to the Left Knee. MTUS Criteria for the general use of multidisciplinary pain management programs pages 30-33 states that treatment is not suggested for longer than 2 weeks without documented subjective and objective gains and that total treatment duration should generally not exceed 20 full-day sessions or the equivalent in part day sessions. Treatment in excess of 20 sessions requires a clear rationale and reasonable goals to be attained. On 07/21/14 the treating physician states a request for a trial of 6 Functional Restoration visits. The therapy flow sheet provided shows 10 visits completed from 08/19/14 to 09/25/14. An RFA dated 09/25/14 requests for an additional 12 visits. On 10/06/14 the treating physician states the patient completed 10 visits with definite improvement. Therapy reports show visits 11-13 were completed 09/30/14 to 10/21/14. It appears from the reports that all 13 visits are for a treatment time of 120 minutes. In this case, it is not clear if the requested visits are the original trial of 6 plus 12 or 10 visits plus twelve. As the sessions appear to be less than full day sessions, they are within the 20 full day equivalents allowed by MTUS. However, over 2 weeks of treatment have been received and there are no documented subjective and objective gains for this patient as required by MTUS. The treating physician's general statement of "definite improvement" is not sufficient. Therefore, recommendation is that the request is not medically necessary.