

Case Number:	CM14-0218842		
Date Assigned:	01/08/2015	Date of Injury:	05/20/2012
Decision Date:	03/12/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is 38 years old with a history of diabetes, chondromalacia centered on the patellar ridge with grade 2 changes 3mm from medial to lateral, previous arthroscopic procedure and chronic pain and depressive disorder. The IW sustained a work related injury on May 20, 2012, when working in food processing resulting in injury to the lower back and left knee. According to the provided documentation, treatments included medications, treatment modalities, functional restoration program, physical therapy, radiographic imaging, heat and cold packs, psychological evaluation and diagnostic studies. On May 20, 2012, the injured worker notified the supervisor of the accident. At this time he was seen by a general practitioner, given a knee brace and pain medications. X-rays were performed at this time with no noted abnormalities. The IW continued to work however required reduced hours secondary to continued pain. He was eventually put on "on call" status and has not worked since October, 2012. On November 30, 2012, follow up evaluation revealed pain in the low back and left knee. The impression was derangement of the left knee. The treatment plan remained a knee brace and pain medications. The injured worker continued follow up visits with no significant changes in condition or treatment plan until evaluation on April 26, 2013, when an orthopedic evaluation was recommended. Further follow-up appointments and orthopedic consultation were noted without significant changes. Pain medications were continued to be adjusted. His status remained unchanged with ongoing complaints of knee and back pain. Left knee surgery was recommended. On October 7, 2013, he underwent total knee arthroscopy. On follow up appointments after knee surgery, physical therapy and pain medications including topical creams

were prescribed. On evaluation on December 10, 2013, physical therapy was continued with no significant improvement of symptoms and continued complaints of pain. On December 20, 2013 the work status was changed to total temporarily disabled (TTD). More medications were prescribed. By January 22, 2014, the work status remained unchanged and the IW continued to have pain in the left knee and back. After continued physical therapy, evaluation on April 21, 2014, revealed some improvement in pain and mobility. A magnetic resonance imaging (MRI) of the left knee was recommended. Work status was adjusted to modified duty with restrictions. Diagnostic studies and radiographic imaging including MRI of the left knee on May 16, 2014 revealed chondromalacia centered on the patellar ridge with grade 2 changes 3mm from medial to lateral and evidence of previous arthroscopic procedure. X-ray revealed no acute abnormalities. The IW continued to remain on restricted work status and on September 24, 2014 was ordered a functional restoration program. He was also diagnosed with depressive disorder at this time. Physical therapy and a functional restoration program were continued. On December 18, 2014, the functional improvement program was completed. It was determined at this time the IW had reached a point of maximal medical improvement. Left knee pain was still noted to be 5-6 on a 1-10 scale. The impression was a permanent and stationary condition. The recommendation was anti-inflammatories as needed and an orthopedic consultation if the condition worsens. The Division of Workers' Compensation Request for Authorization for Medical Treatment (RFA) included requests a functional restoration program x 12 additional days. The utilization review (UR) form included a rationale for non-certification of the functional restoration program x 12 additional days. According to the MTUS guidelines, treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the IW completed 16 of the authorized 20 days of the program and reported increased left knee pain, an increase in pain medication compared to the start of the program, and difficulty understanding the psychological concepts presented. Physical therapy progress was minimal and the gait was noted to remain antalgic. With minimal evidence of functional progress over all domains of the functional restoration program, medical necessity of additional care of the same type is not supported by evidence based medical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program x 12 additional days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-32.

Decision rationale: The request for a functional restoration program x12 additional days is not medically necessary. The California MTUS state that an adequate and thorough evaluation needs to be made including baseline functional testing so that followup with the same tests can note functional improvement, previous methods of treating chronic pain have been unsuccessful, and there has been an absence of other options likely to result in significant clinical improvement. Functional restoration treatment is not suggested for longer than 2 weeks without

evidence of demonstrated efficacy as documented by subjective and objective gains. Total treatment duration should generally not exceed 20 full day sessions and additional care of the same type of program is not supported by the evidence based guidelines. The clinical documentation submitted for review notes that the injured worker had previously completed a functional restoration program. The guidelines note treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy and that additional care of the same type is not supported. As such, medical necessity has not been established.