MAXIMUS Federal Services

Case Number:	CM15-0141428		
Date Assigned:	09/11/2015	Date of Injury:	02/20/2008
Decision Date:	10/13/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/21/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 45 year old male, who sustained an industrial injury on February 20, 2008, resulting in pain or injury to the right knee. On March 6, 2015, the injured worker reported chronic low back and right knee pain, rating his right knee pain as 8.5 out of 10 on the visual analog scale (VAS) and his back pain as 9 out of 10 on the visual analog scale (VAS). On May 1, 2015, the injured worker reported chronic low back pain, right knee pain, diffuse body pain, and headaches. A review of the medical records indicates that the injured worker is undergoing treatment for chronic right knee pain status post right knee surgeries in 2008 and 2011, gait disturbance, low back pain with multilevel disc bulges, pain related insomnia, and reactive depression. Per the Functional Restoration Program discharge report for the dates of service of June 22, 2015 to June 26, 2015, by the treatment team including physicians, a psychologist, and physical therapists, the injured worker successfully completed the functional restoration program with daily involvement in cognitive behavioral training classes, educational lectures, group therapy sessions, and individualized physical therapy sessions. The injured worker was noted to report clear improvements in his ability to cope with and manage his chronic pain and its comorbid psychological distresses. The injured worker' treatment began on May 18, 2015, with reported significant improvements in his mental status, ability to engage in activities of daily living (ADLs), and his overall functionality. The injured worker's current medications were listed as Nabumetone, Gabapentin, Effexor ER, Fenofibrate, and Metformin. Physical examination was noted to show the cervical spine improvement in flexion, extension, and rotation, with the right upper extremity improved in flexion and abduction, and the right hip

improved in range of motion (ROM) and strength. The discharge plan included a request for six sessions of aftercare to help the injured worker make a successful transition back to full functionality in all activities of daily living (ADLs) and gainful employment. The injured worker's pain management from week one to week six showed an increase in the pain intensity from 7 to 8, stable pain interference at 8 to 8.1, stable depression from 21-22, and increase in anxiety from 14-17. Physical therapy noted the injured worker had shown an overall improvement in core stabilization and upper and lower extremity range of motion (ROM) and strength, with plans to continue the home exercise program (HEP) independently. The injured worker's work status was noted to be unlikely to be able to return to his previous work as a woodcutter, however was interested in looking for work and possible participation in retraining. Prior treatments have included right knee surgeries, a spinal injection without benefit, physical therapy without benefit, and medication. The request for authorization dated July 7, 2015, requested functional restoration program after care x6 sessions. The Utilization Review (UR) dated July 14, 2015, modified the request to functional restoration program after care x4 sessions, with the remaining 2 sessions not approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program after care x6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: CA MTUS Guidelines support Functional Restoration Programs (FRP) for qualified individuals. MTUS recommends that treatment duration should not exceed 20 full-day sessions. Extensions require a clear rationale with specific treatment goals. In this case, the claimant has successfully completed a 6 week course and been discharged. No significant improvement was noted, with some decreases in range of motion and muscular strength. Gains mentioned included improved social interaction and cardiovascular fitness. Overall gains were noted to be "slight," according to his physician. Therefore, based on the MTUS Guidelines, the request for 6 after-care sessions of FRP is not medically necessary or appropriate.