

Case Number:	CM15-0170816		
Date Assigned:	09/10/2015	Date of Injury:	05/15/2014
Decision Date:	10/15/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/31/2015

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
 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 5-15-14. The injured worker was diagnosed as having chronic left knee pain, internal derangement of the left knee and myofascial pain in the right lower extremity. Medical records (1-22-15 through 3-26-15) indicated a 5-8 out of 10 pain in the left knee. The physical exam (1-22-15 through 6-26-15) revealed increasing left knee range of motion, but the injured worker had not been able to return to works since 7-2014. Treatment to date has included acupuncture x 6 sessions, physical therapy (at least 12 sessions), a cortisone injection to the left knee with 2 days of relief, Tramadol and Nabumetone. As of the PR2 dated 7-14-15, the injured worker reports constant left knee pain, which increases with weight-bearing and walking. Objective findings include trace effusion, patellofemoral crepitus with active range of motion and left knee range of motion 0-110 degrees. The treating physician requested a functional restoration program x 160 hours. On 7-28-15 the treating physician requested a Utilization Review for a functional restoration program x 160 hours. The Utilization Review dated 8-3-15, non-certified the request for a functional restoration program x 160 hours. A letter of appeal has been submitted dated 8/10/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program 160 hours: 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): Chronic pain programs (functional restoration programs).

Decision rationale: According to the MTUS guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. A letter of appeal has been submitted with regards to Utilization Review denial for the requested functional restoration program. However, as specifically noted by Utilization Review, the injured worker had been recommended to undergo viscosupplementation. While it is noted that the injured worker has failed cortisone injections, the medical records do not establish attempt and failure of hyaluronic injections. The request for functional restoration program therefore remains unsupported. The request for [REDACTED] [REDACTED] Functional Restoration Program 160 hours is not medically necessary and appropriate.