MAXIMUS Federal Services

| Case Number: | CM15-0033433 | | |
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| Date Assigned: | 02/26/2015 | Date of Injury: | 02/09/2012 |
| Decision Date: | 04/13/2015 | UR Denial Date: | 01/30/2015 |
| Priority: | Standard | Application Received: | 02/23/2015 |

## 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: 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 is a 60-year-old male, who sustained an industrial injury on 2/09/2012, while employed as a maintenance technician. The diagnoses have included osteoarthrosis, unspecified whether generalized or localized, lower leg. Treatment to date has included surgical (right knee arthroscopy in 2012) and conservative measures. Functional Restoration Therapy Flow sheets were submitted for dates of service 11/25/2014 to 1/29/2015, noting visits 1-7 and 9-12. A magnetic resonance arthrogram of the right knee, dated 1/21/2015, showed tricompartmental chondromalacia with evidence of osteoarthritic changes, most notably in the medial compartment and also in the lateral compartment and patellofemoral joint, and attenuation of the free edge of the menisci bilaterally. Currently (1/14/2015), the injured worker reported some improvement, but did "remain symptomatic." His gait was antalgic and he limped with every step, due to right knee pain. Exam of the right knee noted well-healed and non-tender arthroscopic incisions, tenderness to palpation over the medial joint line, medial pain with McMurray's maneuver, grade 4/5 quadriceps/hamstring strength, and range of motion 0-120 degrees. Treatment plan included a continuance of Functional Restoration Program. On 1/30/2015, Utilization Review non-certified a request for 12 sessions of Functional restoration Program, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of functional restoration program:** Upheld

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

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

**Decision rationale:** This patient presents with right knee pain and weakness. The current request is for 12 SESSIONS OF FUNCTIONAL RESTORATION PROGRAM. Progress report dated 12/16/14 recommends, "the patient continue with his functional restoration." On 1/8/15, the treating physician requested "functional restoration 2x6." Regarding additional treatment in a functional restoration program, the MTUS states, "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations required individual care plans, improvement outcomes, and should be based on chronicity of disability and other known risk factors for loss of function." The treating physician does not provide a clear rationale as to the medical necessity for continuation of the program. There is no discussion on how many sessions the patient has received thus far and the objective response to prior sessions is not provided. MTUS Guidelines requires a specific plan with goals to consider extension in the program, which has not been provided in this case. In addition, it is unclear why the patient will not be able to apply what she has learned from the participation in prior sessions to address any residual issues. Recommendation is for denial.