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| Case Number: | CM15-0073924 | | |
| Date Assigned: | 04/24/2015 | Date of Injury: | 05/13/2013 |
| Decision Date: | 05/27/2015 | UR Denial Date: | 03/28/2015 |
| Priority: | Standard | Application Received: | 04/17/2015 |

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 52-year-old female, who sustained an industrial injury on 5/13/13. She reported progressive left knee pain. The injured worker was diagnosed as having pain in bilateral knees right greater than left. Treatment to date has included physical therapy, Ibuprofen, acupuncture and home exercise program. Currently, the injured worker complains of persistent knee pain. Physical exam noted tenderness to palpation over the medial joint line, medial aspect of the knee and medial posterior knee with some presence of swelling. The treatment plan included continuation of physical therapy and a surgical consult. A request for authorization was submitted for an initial evaluation at a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program, Initial Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 49.

Decision rationale: The patient presents with persistent left knee pain. The request is for a FUNCTIONAL RESTORATION PROGRAM, INITIAL EVALUATION. The provided RFA is dated 03/19/15 and the date of injury is 05/13/13. The diagnoses include pain in the joint lower leg, bilateral knees, Left greater than Right. Per 03/16/15 report, physical examination of the left knee revealed tenderness to palpation over the medial jointline, medial aspect of the knee, and medial posterior knee. There is some presence of swelling in the area. The patient has an antalgic gait. Treatment to date has included physical therapy, Ibuprofen, acupuncture and home exercise program. Current medication is Ibuprofen. The patient is temporarily totally disabled. The MTUS guidelines pg. 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made; (2) Previous methods of treating chronic pain have been unsuccessful; (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be; (5) The patient exhibits motivation to change; (6) Negative predictors of success above have been addressed. The guidelines further state that "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." MTUS does not recommend more than "20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or comorbidities). MTUS page 49 also states that up to 80 hours or 2-week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated. "In this case, the patient has had persistent chronic pain for 2 years and the requested evaluation to determine the patient's candidacy for functional restoration program appears reasonable. The patient has failed conservative care and MTUS does support FRP if the criteria are met. The request for an evaluation to consider FRP IS medically necessary.