

<b>Case Number:</b>	CM13-0002982		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	07/01/2010
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	07/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including t

### 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 63-year-old female with a reported date of injury of 07/01/2010. The injury reportedly occurred when the injured worker stepped into a hole and injured her left ankle and left knee. Her previous treatments were noted to include a left knee arthroplasty, postoperative physical therapy, a functional restoration program, and medications. her diagnoses were noted to include chronic left knee pain, status post left knee total replacement on 08/29/2011, left foot plantar fasciitis, left peroneal neuritis, pain disorder associated with both psychological factors and chronic pain, major depressive disorder (recurrent, moderate), anxiety disorder, and sleep disorder due to chronic pain. The progress note dated 04/16/2014 reported the injured worker complained of left-sided knee pain radiating into the ankle. The pain was described as burning, shooting, stabbing, throbbing, and rated 4/10 to 7/10. The injured worker reported joint swelling, stiffness, and tenderness of the left knee joint. The physical examination reported muscle tenderness noted over the left lower extremity and joint tenderness noted in the knee joint of the left lower extremity with edema. The range of motion to the knee was within normal limits except for flexion, which was limited to 30 degrees. The progress report dated 01/03/2014 reported the injured worker reported the previous functional restoration program helped her psychologically, but reported no significant improvement with respect to her subjective complaints of pain or with respective functional activities. The Request for Authorization form was not submitted within the medical records. The request is for continued [REDACTED] Functional Restoration Program 10 days full time (6 hours per day) over 2 weeks (total of 60 hours); the physician's rationale was not provided within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUED [REDACTED] FRP PROGRAM 10 DAYS FULL-TIME (6 HOURS PER DAY) OVER 2 WEEKS (TOTAL 60 HOURS): Upheld**

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

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

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines recommend functional restoration programs, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs, a type of treatment included in the category of interdisciplinary pain programs, were designed to use a medically directed, interdisciplinary pain management approach geared specifically to injured workers with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Functional restoration programs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but remains positive when compared to cohorts that did not receive an intensive program. The guidelines also state treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy, as documented by subjective and objective gains. There is a lack of documentation with a complete physical assessment in regards to active range of motion or motor strength. The documentation provided reported positive results with the previous functional restoration program. However, the injured worker reported it did not help her physically; it did benefit her psychologically. Additionally, treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains, which was not submitted within the medical records. Therefore, the request is not medically necessary.