

<b>Case Number:</b>	CM13-0039883		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	10/08/2012
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 25-year-old male who reported an injury on 10/06/2012 after he was stretching material on a roof which caused a twisting motion to the left knee and ankle which reportedly caused an injury. The injured worker's treatment history included surgical intervention to the knee, postoperative physical therapy and medications. The injured worker was evaluated on 09/13/2013. Physical findings included appropriate mood and affect with no evidence of sedation and a grossly normal nonanalgesic gait. It was noted that the injured worker had 2 remaining postoperative physical therapy sessions to complete. It was noted that he had depressive symptoms due to his chronic pain condition as he was no longer able to perform activities he was able to previous perform prior to his injury. A request was made for a functional restoration program evaluation to determine the appropriateness of a multidisciplinary setting for this injured worker. A utilization review treatment appeal was provided on 10/09/2013. It was noted that there was a previously received adverse determination as the injured worker was a possible surgical candidate. The information in the letter of appeal determined that the injured worker was not a surgical candidate, surgery was not being considered for this injured worker. It was documented that the injured worker was willing and motivated to return to work; however, had several deficits that may benefit from a multidisciplinary program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INITIAL EVALUATION AT THE [REDACTED] FRP:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS Page(s): 30.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends functional restoration programs for injured workers who have exhausted lower levels of chronic pain management. The clinical documentation submitted for review does indicate that the injured worker has recently had surgery and completed a course of postoperative physical therapy with remaining psychological and functional deficits that would benefit from an additional multidisciplinary approach. The clinical documentation does indicate that the injured worker is willing and motivated to return to work. California Medical Treatment Utilization Schedule does recommend this type of treatment approach for injured workers who are not candidates for surgical intervention. The clinical documentation does indicate that the injured worker is currently not a candidate for additional surgical intervention and that surgical intervention is not being considered for this injured worker. As such, the requested initial evaluation at the [REDACTED] [REDACTED] Functional Restoration Program is medically necessary and appropriate.