

<b>Case Number:</b>	CM13-0046212		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/28/2011
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 physician 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 patient is a male who reported injury on 03/28/2011. Neither the patient's date of birth nor direct mechanism of injury were provided. The patient was noted to be in the [REDACTED] Functional Restoration Program and was noted to have participated for 2 weeks. The patient's diagnoses were noted to include lumbar radiculopathy, bilateral total knee replacement, chronic pain, and depression and anxiety. The request was made for a functional restoration program at [REDACTED] for 27 hours a week for 4 weeks for a total of 108 hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program at [REDACTED] outpatient functional restoration program 27 hours a week for 4 weeks for a total of 108 hours:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 30-32.

**Decision rationale:** California MTUS Guidelines indicate that the treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains and that total treatment duration should generally not exceed 20 full-day sessions.

Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The patient was noted to have participated in 54 hours of treatment when the request was submitted. The patient's pain medications were noted to be Norco 10/325 and it was noted the patient was taking 8 to 10 tablets per day and they were taken in the same amount on week one and week 2. It was indicated they would begin a taper on week 3. The patient was noted to have a 40% reduction in the patient's symptoms of anxiety and depression. The patient's functional status and cardiovascular strength were noted to have continued to improve; however, the patient's progress with exercise was noted to have objectively improved. Given the above, the request for functional restoration program at [REDACTED] outpatient functional restoration program 27 hours a week for 4 weeks for a total of 108 hours is medically necessary.