

<b>Case Number:</b>	CM13-0053029		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/29/2009
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Anesthesiology and Pain Management and is licensed to practice in Florida. 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 45-year-old male who reported an injury on 06/29/2009 after the injured worker was ran over by an old paving machine. Injured worker's treatment history included physical therapy, multiple surgical interventions, immobilization, massage therapy, an independent exercise program, a TENS unit, hot and cold applications, and multiple medications. The injured worker was evaluated for the appropriateness of a Functional Restoration Program on 09/18/2013. Physical examination findings included decreased left knee and hip range of motion with motor strength rated at a 4/5 in the left lower extremity and a positive straight leg raising test bilaterally. It was also documented that the injured worker had moderate tenderness to palpation of the medial meniscus of the left knee, tenderness to palpation of the spinous process and paraspinal musculature of the lumbar spine. It was documented that the treatment goals for this injured worker included increasing tolerance to walking and addressing emotional issues, paring the injured worker's recovery. It was documented that the injured worker was motivated to participate in a multidisciplinary program. A treatment recommendation of 3 weeks of part day treatment in a [REDACTED] program equating to 2 full weeks was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THREE (3) WEEKS OF [REDACTED] INTERDISCIPLINARY PAIN REHABILITATION PROGRAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS) Page(s): 30-32.

**Decision rationale:** The requested 3 weeks of [REDACTED] Interdisciplinary Pain Rehabilitation Program is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends 2 weeks of treatment that produces functional benefit support. It is documented in the clinical records that 3 weeks was being requested for part day treatment. However, the justification for part day treatment was not provided. Additionally, the request itself does not identify or address the need for part day treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested 3 weeks of [REDACTED] Interdisciplinary Pain Rehabilitation Program is not medically necessary or appropriate.