

<b>Case Number:</b>	CM13-0062427		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	06/06/2012
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2013

### 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 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 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:

This 55 year old patient had a date of injury on 6/6/2012. The mechanism of injury was not noted. In a progress noted dated 10/29/2013, the patient complains of chronic right knee pain as well as CRPS (complex regional pain syndrome) and a history of really just not making any significant progress post operatively. On a physical exam dated 10/29/2013, he has pain out of proportion in his right knee, and he has light touch discomfort basically globally. He continues to walk antalgic and requires assistive gait devices. The diagnostic impression shows right knee pain, right knee status post arthroscopic extensive synovectomy, chondroplasty, and partial medial meniscectomy, chronic pain syndrome with possible complex regional pain syndrome. Treatment to date: medication therapy, behavioral modification, right knee arthroscopic meniscectomy on 9/2012. A UR decision dated 12/2/2013 denied the request for functional restoration program x6 weeks to right knee, stating that given the claimants chronic pain associated with mood impairment, it would be prudent to at least go through an evaluation for functional restoration program. Furthermore, it is unclear why 6 weeks is medically indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FUNCTIONAL RESTORATION PROGRAM (FRP) X 6 WEEKS RIGHT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines criteria for functional restoration program participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; a significant loss of ability to function independently; that the patient is not a candidate where surgery or other treatments would clearly be warranted; that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and that negative predictors of success above have been addressed. However, in the 8/2/2013 progress report, the patient is noted to be depressed and worried that he is headed in the wrong direction, and there was no indication that these psychological issues have been addressed. Furthermore, although it was noted that a QME stated that an FRP would be reasonable in the 8/29/2013 progress report, there was no discussion regarding whether or not all conservative treatments have been exhausted and whether this patient is unable to function independently. Therefore, the request for functional restoration program to the right knee x 6 weeks is not medically necessary.