

<b>Case Number:</b>	CM14-0007662		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	05/10/2006
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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, has a subspecialty in Pain Management 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:

The patient is 49-year-old male who has submitted a claim for multilevel lumbosacral disc injury with annular disc tear at L5-S1, left L5 lumbosacral radiculopathy, left knee internal derangement status post medial and lateral meniscectomy, chondromalacia of patella of the left knee, right elbow lateral epicondylitis, right knee overuse syndrome, chronic pain syndrome, major depression, pain disorder, occupational problems, sleep disorder, sexual dysfunction associated from an industrial injury date of May 10, 2006. Medical records from 2013-2014 were reviewed, the latest of which dated February 18, 2014 revealed that the patient's overall psychological status has remained stable since his last appointment. He did get upset when he noticed someone was following him. However, the attending physician reassures the patient that his treating doctors have sanctioned all of the activities in which he is currently involved. The attending physician states that the patient needs to return to five-day-a-week pool exercise program. In the progress report dated January 27, 2014, the patient is still having pain and discomfort that increases with cold weather. He reports headaches at times. On physical examination, the patient walks with a rolling walker. He has decreased strength in his legs. There is decreased lumbosacral range of motion. There is positive straight leg raise test in the left leg. Treatment to date has included left knee medial and lateral meniscectomy (2009), TENS, pool therapy, and medications that include Abilify, Prozac, MS Contin, Norco, Setraline, and Viagra.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 Days Functional Restoration Program for Bilateral Knees: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs chapter: Functional Restoration Programs.

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

**Decision rationale:** As stated on pages 31-32 of the CA MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program participation may be considered medically necessary when all of the following criteria are met, an adequate and thorough evaluation including baseline functional testing; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; there is significant loss of ability to function independently; the patient is not a candidate where surgery or other treatments would clearly be warranted; the patient exhibits motivation to change; and negative predictors of success have been addressed. In this case, functional restoration program was prescribed to help the patient manage chronic pain and discomfort. The documents submitted revealed that the patient has been managed with surgery, TENS, pool therapy and medications. Also, the patient has a history of major depression. In the recent clinical evaluation, there were subjective and objective findings that would suggest failure of previous treatments used. However, the patient has not undergone an adequate and thorough evaluation. Also, negative predictors of success have not been addressed. There is no clinical evidence that suggests that the patient is a candidate for the program. Therefore, the request for 10 days functional restoration program for bilateral knees is not medically necessary.