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| <b>Case Number:</b>   | CM14-0110932 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 01/24/2013 |
| <b>Decision Date:</b> | 10/22/2014   | <b>UR Denial Date:</b>       | 06/30/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/16/2014 |

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 injured worker is a 53 years old female with an injury date on 01/24/2013. Based on the 06/17/2014 progress report, the diagnoses are right knee internal derangement with end stage osteoarthritis status post right total knee arthroplasty June 6, 2013, chronic left knee pain with end stage osteoarthritis status post left knee total arthroplasty December 20, 2013, chronic low back with evidence of degenerative disc disease L4-L5 and L5-S1 causing mild to moderate stenosis, and chronic pain syndrome. According to this report, the patient complains of ongoing left knee pain and gait difficulty. Physical exam reveals muscles spasms in the lower lumbar paraspinal muscles. The patient gait is antalgic favoring the right side and continues to use a cane. The patient successfully completed the fifth week of functional restoration program with a 65% reduction in symptoms of anxiety and depression. There were no other significant findings noted on this report. The utilization review denied the request on 06/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued functional restoration program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Functional restoration programs (FRPs) MTUS Page(s): 49.

**Decision rationale:** Regarding Functional Restoration Programs (FRPs), MTUS recommends the total treatment duration should not exceed 20 full-day sessions or 160 hours. According to the 06/17/2014, the injured worker presents with left knee pain and gait difficulty. The treating physician is requesting continued functional restoration program. The utilization review denial letter states, "There is no indication how many more sessions the AP thinks she needs or how many hours she had thus far." Review of the reports show that the patient "successfully completed the fifth week of Functional Restoration Program with a 65% reduction in symptoms of anxiety and depression." In this case, the patient had 5 weeks of FRP already and additional weeks or days would exceed what is recommended by MTUS. As such, the request for continued functional restoration program is not medically necessary and appropriate.