

<b>Case Number:</b>	CM14-0133061		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	05/07/2008
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 patient is a 62-year-old male with date of injury of 05/07/2008. The listed diagnoses 07/14/2014 are: 1. Left knee internal derangement 2. History of left knee surgery with total left knee replacements 3. Anxiety and depression 4. Chest contusion injury with difficulty to breathe. According to this report the patient continues to complain of ongoing left knee pain. His pain is aggravated with walking, prolonged standing and is alleviated with elevating his lower extremities, use of a transcutaneous electrical nerve stimulation (TENS) unit and medications. The patient rates his pain 6.5/10. He is currently utilizing Norco for pain and is tolerating his medications well without side effects. He has graduated from a functional restoration program from oasis pain and wellness center with benefits. The patient continues to utilize the exercise program and coping techniques learned in the program. The examination shows the patient continues to have ongoing pain in his left knee. He uses a cane for balance and ambulation. The patient continues to utilize a brace for his left knee. He does have a slightly antalgic gait. There is tenderness to palpation on the left knee. The patient does have weakness with the left knee extension, hip flexion, and extension as well on the left side. The utilization review denied the request on 08/01/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration program (FRP) left knee once a week for 8 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs), Chronic pain programs (functional restoration programs).

**Decision rationale:** This patient presents with left knee pain. The treater is requesting a functional restoration program for the left knee once a week for 8 weeks. It appears that the request is for a functional restoration program aftercare session following the patient's completion of an FRP at [REDACTED]. The MTUS guidelines page 30 - 33 on chronic pain programs (functional restoration programs) states, "treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function." The records show that the patient has completed 6 weeks of functional restoration program. The 07/14/2014 report notes that the patient showed 50% improvement and knowledge of an exercise program, 45% improvement in demonstrating correct posture with exercise equipment. Also, he had improvement in gait pattern to within functional limits by 25%. Overall, the patient did have improvement with a functional restoration program and the treater wants aftercare sessions to reiterate techniques. In this case, the patient has completed 6 weeks of functional restoration program with benefit. While the treater wants to "reiterate techniques," the patient has already had 6 weeks of treatments. Re-enforcements, on-going education and counseling should be part of what pain management specialists do. MTUS allows up to 4 weeks of functional restoration program. The request is not medically necessary.