

<b>Case Number:</b>	CM14-0027502		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	08/24/2012
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Orthopedic Surgery 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 employee is a 48-year-old female injured on August 24, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 23, 2014 indicated that there were ongoing complaints of significant lower back pain radiating down her left lower extremity. The injured employee is also having persistent right knee pain due to her leaning more on the right side. The review of systems was significant for complaints of headaches numbness and depression. The physical examination demonstrated in January tenderness to palpation over L3-S1. Range of motion of lumbar spine was 80 of flexion and 10 of extension. Lateral flexion was limited by 50% on the left and 25% on the right. There was decreased sensation in the L5 distribution on the left. Physical exam in May revealed right knee tenderness to palpation over the anterior knee joint superior to the patella without swelling erythema or warmth. The range of motion was decreased by 20% with flexion and with full extension. Provocative tests were negative. Diagnostic imaging studies were reference but not addressed in the progress notes reviewed. Previous treatment included physical therapy, functional restoration program evaluation, psychological and behavioral evaluation report, physical therapy times eight sessions, acupuncture as well as chiropractic treatment and recently two left L4-L5 epidural steroid injections with two weeks relief. A request had been made for California functional restorative program for 160 hours and was not certified in the pre-authorization process on February 4, 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) X 160**

**HOURS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, FUNCTIONAL RESTORATION PROGRAMS,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Functional Restoration Program Section Page(s): 49.

**Decision rationale:** When noting the date of injury, the injury sustained, the treatment rendered and the ongoing physical therapy, there is little clinical indication presented to suggest the need for all the criterion outlined, before entering such a protocol had been met. The injured employee has stated a desire to return to work; however, the comprehensive clinical assessment prior to such a protocol has not been completed. It is also noted that the injured employee continues to participate in a physical therapy protocol and that would be another exclusionary offer. Given the data presented, this request is not medically necessary based on Chronic Pain Medical Treatment Guidelines.