

<b>Case Number:</b>	CM14-0031060		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/11/2005
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 & Rehabilitation and is licensed to practice in Nevada. 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 year-old female who was reportedly injured on 8/11/2005. The mechanism of injury is noted as a work-related injury attempting to replace/remove a foot valve. The most recent progress note dated 1/14/2014, indicates that there are ongoing complaints of low back and right knee pain. The physical examination demonstrated lumbar spine: limited range of motion, positive tenderness to palpation on his left lower lumbar paravertebral muscles, positive tenderness left gluteal and piriformis musculature, and positive tenderness to palpation bilateral greater trochanteric bursa. Right lower extremity: muscle strength 4/5. Examination limited by pain. No recent diagnostic studies are available for review. Previous treatment includes previous surgery, medications, physical therapy and conservative treatment. A request was made for functional restoration program for 32 days/160 hours and was not certified in the pre-authorization process on 2/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**P2P urgent functional restoration program for 32 days/ 160 hours: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines mtus Page(s): 30-34 of 127.

**Decision rationale:** Functional restoration programs are recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Multidisciplinary pain programs/Interdisciplinary rehabilitation programs combine multiple treatments, and at the least, include psychological care along with physical therapy & occupational therapy. It is noted that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Total treatment duration should generally not exceed 20 full-day sessions. Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. It is noted the injured worker may benefit by a functional restoration program. However, without clear-cut rationale/documentation for an excessive request of sessions (32) this request is deemed not medically necessary.