

<b>Case Number:</b>	CM14-0075014		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/10/2011
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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, Pain Medicine 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 27-year-old male who reported an injury on 12/10/2011 after a fall. The injured worker reportedly sustained an injury to his low back, right knee, and right ankle. The injured worker's treatment history included chiropractic care, medications, physical therapy, activity modifications, a home exercise program, and surgical intervention. The injured worker underwent a comprehensive interdisciplinary evaluation report on 04/02/2014. Physical findings included limited range of motion of the lumbar spine secondary to pain with tenderness to palpation of the bilateral paraspinal musculature with spasming and a negative facet loading maneuver. The injured worker also had a negative straight leg raising test. The injured worker had 4+/5 strength in the right biceps and triceps and wrist extensor with 4+/5 strength in the right hip flexor, leg extensor, and ankle dorsiflexors. The injured worker had diminished sensation in the right C5, C6, C7, and C8 dermatomal distributions and right L5-S1 dermatomal distribution. The injured worker's diagnoses included right knee medial meniscus tear status post arthroscopic repair, lumbar radiculitis, chronic pain syndrome, and carpal tunnel syndrome. It was documented from a functional standpoint the injured worker was significantly limited by high levels of fear avoidance and a physical demand level of subsecondary activity. It was noted that the injured worker was a candidate for a structured interdisciplinary program. 32 days of a functional restoration program was requested. 32 days of lodging was also requested. The request for authorization form was submitted on 04/08/2014. The injured worker was evaluated on 04/18/2014. It was noted that the injured worker had received an adverse determination for 32 days of a functional restoration program. A letter of appeal dated 04/18/2014 was submitted in response to the adverse determination. It documented treatment goals to include elimination of medications, decrease in psychological deficits such as depression and anxiety, and an increase in functional capabilities. It is documented that the total number of treatment hours over

the requested 4 weeks would be approximately 40 hours. It was documented that the functional restoration program was based on a schedule that included 5 hours per day for 4 days over a span of 6 weeks. A request for authorization form was submitted to support the request on 04/08/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**32 day functional restoration program; consisting of up to 3 hours of patient education and 2 hours of therapeutic exercise per day: 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 Chronic Pain Management Program (Functional Restoration Program) Page(s): 30.

**Decision rationale:** The requested 32 day functional restoration program; consisting of up to 3 hours of patient education and 2 hours of therapeutic exercise per day is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does allow for part time participation in a functional restoration program as long as there is documented necessity to include situations such as work interference, caregiver limitations, and other limiting factors preventing the patient from participating in a full day of a functional restoration program. There was no documentation of limiting factors that would require part day participation. Additionally, the request is for 160 hours of a functional restoration program. The California Medical Treatment Utilization Schedule recommends a trial of 80 hours to establish efficacy of treatment and support continued participation in a functional restoration program. The request exceeds this recommendation. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. As such, the requested 32 day functional restoration program; consisting of up to 3 hours of patient education and 2 hours of therapeutic exercise per day is not medically necessary .

**32 days of lodging: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested functional restoration program is not medically necessary or appropriate, the associated request for lodging would also not be supported. As such, the requested 32 days of lodging is not medically necessary.