

<b>Case Number:</b>	CM14-0082487		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	05/15/2012
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Pain Management 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:

This is a female patient with a date of injury of May 15, 2012. A utilization review determination dated May 5, 2014 recommends non-certification [REDACTED] Functional Restoration Program x 160 hours. An initial medical evaluation dated April 22, 2014 identifies subjective complaints of ongoing left knee pain in the medial and lateral infra-patellar regions, pain in the left knee medial aspect of the joint line, pain level rated at a 2-3/10, worsen pain with prolonged sitting and standing, an increase left knee pain symptoms with weightbearing for greater than 5 - 10 minutes, and swelling in the left knee more so than the right. Physical examination identifies mild swelling of the left knee, tenderness to palpation over the left medial joint line, relatively well preserved range of motion of the left knee on extension that flexion reproduced painful symptoms, gait is antalgic with weightbearing favored slightly on the right leg, and she is able to ambulate without assistance or cane. Diagnoses include chronic left knee pain with evidence of medial meniscus tear on MRI status post left knee arthroscopic medial meniscus repair on April 17, 2013, and gait disturbance. The treatment plan suggests that the patient may be a good candidate for a functional pain management treatment program to help the patient cope with her chronic pain as well as her gait disturbance, improve strength around her left knee, and decrease left knee swelling and instability. An initial evaluation and multidisciplinary conference dated April 22, 2014 recommends within the treatment plan a request for authorization for 160 hours of a functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**██████████ Functional Restoration Program x 160 hours: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of general use of multidisciplinary pain management programs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34 and 49 of 127.

**Decision rationale:** Regarding the request for an ██████████ functional restoration program x160 hours, California MTUS supports chronic pain programs/functional restoration programs when: previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and negative predictors of success above have been addressed. Within the medical information available for review, no statement indicating if any medications other than topical creams have been trialed, no statement indicating that the patient has lost the ability to function independently and no statement indicating that there are no other treatment options available. Additionally, there is no discussion regarding negative predictors of success. Furthermore, the guidelines recommend a two-week trial to assess the efficacy of a functional restoration program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The current request for 160 hours (20 days) of a rehabilitation program therefore exceeds the duration recommended by guidelines for an initial trial. In the absence of clarity regarding the above issues, the currently requested ██████████ functional restoration program x 160 hours is not medically necessary.