

<b>Case Number:</b>	CM14-0086475		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/15/2012
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 15, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; earlier knee arthroscopy; and 12 prior sessions of acupuncture, per the claims administrator. In a Utilization Review Report dated May 29, 2014, the claims administrator denied a request for a 160-hour functional restoration program. The claims administrator rationale for the denial was extremely difficult to follow and did not incorporate much in the way of cited guidelines. While the claims administrator noted that treatment proposed was well in excess of the MTUS parameters, the claims administrator did not state why a partial certification was not appropriate. The applicant's attorney subsequently appealed. In an applicant questionnaire dated September 20, 2013, the applicant seemingly stated that she would be unable to perform all of her former task at the [REDACTED]. In a medical-legal evaluation of October 20, 2013, the medical-legal evaluator also suggested that the applicant was no longer working. In a December 15, 2013 progress note, the applicant presented with persistent complaints of knee pain. The applicant was placed off of work. The applicant was using Ketamine cream, Capsaicin cream, Glucosamine, and over-the-counter Tylenol, it was suggested. On March 21, 2014, the applicant reported persistent complaints of 2-4/10 knee pain. The applicant was not working, it was acknowledged. It was stated that the applicant was motivated to improve, in one section of the report. The applicant's knee brace had worn out, it was stated in another section of the report. The applicant was given refills of Capsaicin cream, Ketamine cream, Synovacin/Glucosamine, and vitamins. The attending provider stated that the applicant's pain issues would be best treated through a functional restoration program. The

applicant was precluded from usual and customary work. The treating provider stated that the applicant was not permanent and stationary.

### **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 (FRPs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs topic Page(s): 32.

**Decision rationale:** As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, total treatment duration with functional restoration programs or chronic pain programs should typically not exceed 20-full-day sessions, without some individualized care plan and/or clear rationale for the specified extension and reasonable goals to be achieved. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines further state that treatment is not suggestive for longer than two weeks without evidence of demonstrated efficacy documented by subjective and objective gains. In this case, the 160-session course proposed by the attending provider, thus, did not make any provision to reevaluate the applicant during the midst of the course to determine whether or not the functional restoration program was, in fact, proving beneficial. It is further noted that page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that another criteria for pursuit of chronic pain program is that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In this case, the attending provider has not outlined why further treatment and/or rehabilitation must take place through the functional restoration program as opposed to via other means of treatment. Therefore, the request for functional restoration program x 160 hours is not medically necessary and appropriate.