

<b>Case Number:</b>	CM14-0194332		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	07/05/2007
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 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 47 year-old male, who was injured on July 5, 2007, while performing regular work duties. The injury is cumulative to both knees. The injured worker has complains of bilateral knee pain. The records indicate intermittent use of medications for pain. A physical therapy note of June 6, 2012, indicates the injured worker had knee surgery 20 years prior, and left knee surgery in 2007, it also, indicates the injured worker left the appointment early, and the objective portion of the evaluation was not completed. The records do not support any physical therapy after June 2012. An operative report dated October 26, 2012, supports that a left knee surgery was completed. Evaluations on October 30, 2012, and November 6, 2012, indicate physical therapy is to begin as soon as it is authorized. An evaluation on October 28, 2014, indicates the injured worker had right knee surgery in June 2013, and continues to take Norco for pain. There is no documentation available for this review in support of physical therapy being completed, following the surgeries in October 2012, or June 2013. Patient did his initial evaluation for the FRP and was found to be a candidate. He has pain in both knees 5/10. He takes Aleve during the day and 1 Norco at night. He works full time, but states that there are days when the pain is so severe that he is unsure if he will be able to continue. The request for authorization is for one-hundred-sixty (160) hours of [REDACTED].

[REDACTED] The primary diagnosis is joint pain of left leg. On October 15, 2014, Utilization Review non-certified the request for one-hundred-sixty (160) hours of [REDACTED] based on Chronic Pain Medical Treatment guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

160 hours of [REDACTED] (FRP): Upheld

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

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

**Decision rationale:** Regarding the request for a functional restoration program, 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; & Negative predictors of success have been addressed. Within the medical information available for review, there is no documentation that other methods for treating the patient's pain have been unsuccessful, the patient has lost the ability to function independently, and that there are no other treatment options available. Additionally, there is no discussion regarding motivation to change and 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 exceeds the duration recommended by guidelines for an initial trial. There is no provision to modify the current request. In the absence of clarity regarding the above issues, the currently requested functional restoration program is not medically necessary.