

<b>Case Number:</b>	CM15-0006816		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	01/17/2013
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 54 year old male who sustained an industrial injury on January 17, 2013. He has reported chronic left knee pain and has been diagnosed with pain in joint lower leg. Treatment to date has included surgery, medications, rest, heat, and physical therapy. Currently the injured worker complains of significant pain with kneeling and squatting. The treatment plan included a functional restoration program. On January 7, 2015 Utilization Review non certified initial evaluation functional restoration program citing the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial Evaluation Functional Restoration Program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Detoxification, Functional Restoration Programs Page(s): 30-34, 42, 49.

**Decision rationale:** MTUS states regarding the general use of multidisciplinary pain management programs:(1) An adequate and thorough evaluation has been made, including

baseline functional testing so follow-up with the same test can note functional improvement(2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement;(3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change;(6) Negative predictors of success above have been addressed. The current request is for a functional restoration program evaluation. While the guidelines address adequacy of entry into a program, a few criteria are important to note prior to an evaluation. While physical limitations are noted in the available record the treating physician does not adequately document a significant loss of ability to function due to chronic pain. Subject pain is documented, but medical records related to the request for the functional restoration program evaluation do not detail what abilities are lost specifically due to pain. Further, other options are available, most importantly psychiatric therapy, before consideration of a multidisciplinary program would be indicated. As such, the request for Functional Restoration Program Evaluation is deemed not medically necessary at this time.