

<b>Case Number:</b>	CM15-0146695		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	02/23/2003
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: California, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 50 year old female who sustained an industrial injury on 02-23-2003. Mechanism of injury was not found in documents presented for review. Diagnoses include bilateral knee injury, lower back injury, bilateral hip injury, status post right total knee replacement on 09-27-2011, status post right knee arthroscopy, chondroplasty of the medial femoral condyle defect and micro fracture chondroplasty on 06-04-2003, and status post total right knee revision arthroplasty on 03-21-2014. Comorbid diagnoses include hypertension, asthma, peripheral edema, gastroesophageal reflux disease, progressive dyskinesia and bronchitis. Treatment to date has included diagnostic studies, medications, surgery, epidural steroid injections, physical therapy, Functional Rehab program times 4 weeks, and use of a single point cane, ice packs, and Transcutaneous Electrical Nerve Stimulation unit. A physician progress note dated 06-12-2015 documents the injured worker is physically more active, exercising more, better activity pacing, more physical endurance and she has better body mechanics. She is more aware of her emotions, more aware of distorted thought and has more knowledge of pain management tools. She is doing more at home and leaving the house more. She has had an acute shoulder issue that is being treated outside of the clinic. This injury has limited her ability to perform above shoulder activities. Pre-program cumulative activity to tolerance was two hours a day, and in week 3 she is participating in six hours of activity daily, demonstrating an improvement in activity tolerance. She is actively participating in an exercise program to address limitation in strength, flexibility and cardiovascular endurance and she is demonstrating moderate improvement in all. The injured worker has not increased her

medications despite her increased activity. Treatment requested is for additional FRP x 2 Weeks (Weeks 5 and 6, 10 Days).

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

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

**Additional FRP x 2 Weeks (Weeks 5 and 6, 10 Days): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FRPs Page(s): 30-32 and 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration program.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional functional restoration program times two weeks (weeks 5 and 6, 10 days) is not medically necessary. A functional restoration program is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system). The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; an adequate and thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured worker's working diagnoses are traumatic arthropathy knee; displacement lumbar inter-vertebral disc without myelopathy; fibromyositis; bursitis hip; a chronic pain syndrome. Date of injury is February 23, 2003. Request for authorization is June 25, 2015. The documentation in the medical record shows the injured worker completed week #1 (30 hours) and weeks #3 (90 hours) of the functional restoration program. There is no documentation in the medical records from week 2 and weeks 4 and the medical record. A case management progress note covering the period June 25, 2015 through July 25, 2015 dated July 7, 2015 states the injured worker completed a six-week functional restoration program last week. The last day of the functional restoration program was July 3, 2015. The final report (FRP) is still pending. The documentation also reports the treating provider is behind on preparing reports. The guidelines state treatment duration in excess of four weeks is required, a clear rationale for the specified extension and reasonable goals to be achieved should be provided. There is a

discussion in the medical record regarding an aftercare program (FRP). There is no documentation with a clear rationale for a specified extension and reasonable goals to be achieved after completion of the FRP. Consequently, absent clinical documentation of week #2 and week #4 indicating continued objective functional improvement, clinical discussion by the case manager stating the injured worker completed the 6 week functional restoration program and a clear rationale for a specified extension and reasonable goals to be achieved, additional functional restoration program times two weeks (weeks 5 and 6, 10 days) is not medically necessary.