

<b>Case Number:</b>	CM15-0163270		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	06/23/1997
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 66 year old male with a June 23, 1997 date of injury. A progress note dated July 16, 2015 documents subjective complaints (lower back pain; bilateral lower extremity pain; bilateral knee pain), objective findings (lumbosacral tenderness to palpation with painful range of motion; positive straight leg raise bilaterally; tenderness to palpation of the bilateral knees with slightly decreased range of motion), and current diagnoses (lumbosacral sprain and strain; lumbosacral disc injury; lumbosacral radiculopathy; bilateral knee internal derangement; left knee injury with total knee arthroplasty). Treatments to date have included left knee surgery, medications, exercise, imaging studies, and acupuncture. The treating physician documented a plan of care that included a functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 weeks sessions of functional restoration program:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 49.

**Decision rationale:** The current request is for 2 weeks sessions of functional restoration program. The RFA is dated 07/16/15. Treatments to date have included left knee surgery, medications, exercise, imaging studies, and acupuncture. The MTUS guidelines pg. 49, under functional restoration programs states may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. The guidelines further state that "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." MTUS does not recommend more than 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or comorbidities). Per report 07/16/15, the patient presents with chronic lower back pain, bilateral lower extremity pain and bilateral knee pain. Objective findings included lumbosacral tenderness to palpation with painful range of motion, positive straight leg raise bilaterally, tenderness to palpation of the bilateral knees with slightly decreased range of motion. The patient was previously approved to participate in a functional restoration program but the treatment was postpone after the patient suffered a heart attack. The treater states that the patient has under gone an initial evaluation for FRP treatment and it was determined that he is candidate as he is motivated to participate, not a surgical candidate, negative predictors of success was addressed and he has been cleared by his cardiologist to pursue the FRP treatment. The treater has provided documentation satisfying MTUS criteria for participation in a functional restoration program, and the request for 2 weeks falls within guideline recommendations. The request IS medically necessary.