

<b>Case Number:</b>	CM15-0182409		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	11/13/2013
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 56 year old male, who sustained an industrial injury on 11-13-2013. He has reported injury to the right knee and low back. The injured worker has been treated for right knee medial meniscus tear; pain in joint, lower leg; lumbar degenerative disc disease; lumbar disc displacement without myelopathy; and lumbosacral radiculopathy. Treatments have included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Ibuprofen and Hydrocodone. Surgical intervention has included right knee arthroscopy, partial medial meniscectomy, and chondroplasty, on 05-20-2014. A progress report from the treating physician, dated 08-21-2015, documented an evaluation with the injured worker. The injured worker reported low back pain and right knee pain; he continues to have knee pain despite undergoing arthroscopic surgery of the right knee; however, currently, he wants to avoid more surgery and he is not interested in injections; the low back pain and radiating pain in his right leg; associated symptoms of muscle spasms in the right calf; and he is "upset about physical therapy being denied". Objective findings included decreased lumbar extension and flexion; sensation is decreased in the dermatomes at right L4, right L5, and right S1; and spasm and guarding is noted in the lumbar spine. The treatment plan has included the request for functional restoration program initial evaluation. The original utilization review, dated 09-02-2015, non-certified a request for functional restoration program initial evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program initial evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

**Decision rationale:** Regarding the request for a Functional restoration program initial evaluation, 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 above have been addressed. Within the medical information available for review, page 4 on appeal note on 9/10/15 states surgery was recommended, thus he is a candidate for surgery. As such, the currently requested Functional restoration program initial evaluation is not medically necessary.