

<b>Case Number:</b>	CM15-0192911		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: North Carolina, Georgia  
Certification(s)/Specialty: Family Practice

### 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 42 year old man sustained an industrial injury on 7-18-2013. Evaluations include left knee MRI dated 3-13-2014 showing a medial meniscal tear, right knee x-rays dated 9-3-2013, and lumbar spine MRI dated 5-14-2014. Diagnoses include status post left knee surgery, left anterior cruciate ligament sprain with patellofemoral chondromalacia and lateral patellar subluxation with ganglion cyst, mild medial compartment arthritis, and lumbosacral disc extrusion causing radicular pain. Treatment has included oral medications, surgical intervention, medial branch blocks, radiofrequency rhizotomies, 20 sessions of physical therapy, home exercise program, and acupuncture. Physician notes dated 9-16-2015 show complaints of bilateral knee pain rated 3-4 out of 10 with numbness and weakness and low back pain rated 5-7 out of 10. The physical examination shows no patellofemoral crepitation, lumbar flexion is 45 degrees, extension 20 degrees, left rotation causes back pain, left rotation causes back pain that exceeds the low thoracic pain straight leg raise at 50 degrees is pain free bilaterally, straight leg raise in the sitting position on the left at 90 degrees caused tingling in the foot, and tenderness was noted in the L5- S1 space. Recommendations include an 8-week functional restoration pain program. Utilization Review modified a request for eight weeks of functional restoration pain program at [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 weeks of FRP (functional restoration program) - 5 days per week for 8 weeks for a total of 40 sessions:** Upheld

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

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

**Decision rationale:** CA MTUS considers functional restoration programs recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery when the patient is motivated to improve and return to work, and meets the patient selection criteria outlined next. These criteria include ALL of the following: (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. Negative predictors of success include (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pretreatment levels of pain. Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the claimant meets criteria for enrollment in a FRP but the request for 8 weeks of treatment is longer than the initial period recommended in the CA MTUS guidelines. These guidelines advise 2 weeks of initial treatment, with continued treatment dependent on response during the initial treatment period. The original UR decision modified the request to allow for 2 weeks of FRP. The request for 8 weeks of a FRP is not medically necessary and the original UR decision is upheld.