

<b>Case Number:</b>	CM15-0204413		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	07/23/2013
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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: Arizona, California  
 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:

The injured worker is a 34 year old female, who sustained an industrial injury on 7-23-13. The injured worker was diagnosed as having contusion of knee; sprain of knee and leg NOS; lumbosacral spondylosis; joint pain-left leg; lumbago. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 9-17-15 indicated the injured worker presents to the office after completing 2 weeks of the Functional Restoration Program (FRP). The provider notes she complains of knee and back pain which interferes with her activities of daily living and returning to work. She reports the knee has warmth and swelling at the end of the day. He notes she has exhausted all conservative treatments and no longer a surgical candidate. She returns for a review after her 2 week trial of her FRP. The provider notes she has lost 5 pounds. She has pain on palpation over the left knee with some crepitus with passive range of motion. The lumbar paraspinous are painful upon palpation. She has been able to increase her lumbar range of motion by 50% as well as increase her endurance. His review of the FRP report indicates she will need to work on core and stamina in order to return to a 40 hour work week. He notes she has made good progress and improved by 30%. He recommends an additional 2 weeks for an additional 36 hours to continue her progress. He has included an outline of the completion of the program. Prior PR-2 notes indicate the injured worker had been taking Advil 200mg or Tylenol 325mg as medications since April 2015. A Request for Authorization is dated 10-12-15. A Utilization Review letter is dated 10-1-15 and non-certification for Retrospective outpatient functional restoration program (FRP) with core program 36 hours for 2 weeks. State date 9-28-2015 6 hours per day, 3 days a week for 2 weeks.. A request for authorization has been received

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

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

**Retrospective outpatient functional restoration program (FRP) with core program 36 hours for 2 weeks. State date 9/28/2015 6 hours per day, 3 days a week for 2 weeks:**  
Overturned

**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:** According to the guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (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 claimant has a history and desire to improve and return to work. The claimant has failed other conservative measures. The claimant has made improvement in the first 2 weeks of FRP. The maximum recommended is 20 days based on functional; improvement in the 1st 10 sessions. Based on the clinical progress made, the request for 2 additional weeks of FRP is appropriate and medically necessary.