

<b>Case Number:</b>	CM15-0205830		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	08/06/2014
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This is a 27 year old male with a date of injury of August 6, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for left knee strain, left knee meniscus tear, cervical strain, and whiplash injury. Medical records (July 28, 2015; August 11, 2015; September 2, 2015; September 15, 2015) indicate that the injured worker complained of neck pain and pain and discomfort of the left knee. Per the treating physician (September 15, 2015), the employee had work restrictions including no pushing or pulling more than ten pounds, occasional kneeling and squatting, and no prolonged standing or walking. The physical exam (July 28, 2015; August 11, 2015; September 2, 2015; September 15, 2015) reveals left knee joint line tenderness and painful range of motion. Treatment has included medications (Tylenol #3 and Tramadol) and exercise. The utilization review (September 24, 2015) non-certified a request for a functional restoration program evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program evaluation:** Overturned

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

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

**Decision rationale:** MTUS states regarding the general use of multidisciplinary pain management programs: (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 current request is for a functional restoration program evaluation. While the guidelines address adequacy of entry into a program, a few criteria are important to note prior to an evaluation. The treating physician notes that the patient does not wish to proceed with surgical intervention. The medical documentation provided indicates this patient is still complaining of cervical pain as well as knee pain that is being treated with chronic opioid therapy. The patient is continuing to work under restrictions. The treating physician has provided documentation to meet the above guidelines. As such, the request for Functional restoration program evaluation is medically necessary.