

<b>Case Number:</b>	CM15-0030683		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	12/05/2012
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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:

The injured worker is a 42-year-old male who reported an injury on 12/05/2012. The mechanism of injury involved a fall. The current diagnoses include low back pain, left knee pain, and chronic pain syndrome. The injured worker presented on 12/18/2014 for a multidisciplinary initial evaluation. It was noted that the injured worker was initially treated with oral medication and physical therapy. Subsequently, the injured worker underwent a left knee arthroscopic meniscus repair on 05/21/2013 followed by physical therapy and home exercise. The injured worker was also treated with an epidural steroid injection for the lumbar spine, acupuncture, and chiropractic therapy. The injured worker reported moderate to severe low back pain, as well as left knee pain rated 6/10. The injured worker also reported activity limitation. The current medication regimen includes tramadol ER 150 mg, Flexeril 7.5 mg, naproxen 550 mg, Protonix 20 mg, quazepam 15 mg, and Methoderm gel. Upon examination of the musculoskeletal system, there was 45 degrees flexion and extension of the cervical spine, 45 degrees lateral flexion, 80 degrees left and right rotation, 50 degrees lumbar flexion with 20 degrees extension, and 25 degrees lumbar lateral flexion. There was normal range of motion of the bilateral shoulders with 5/5 motor strength. Examination of the bilateral knees revealed 0 to 100 degrees range of motion on the left with 4/5 motor weakness on the left. Recommendations at that time 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:

**1 Functional Restoration program x64 hours for symptoms related to the left knee as an out patient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26, 30-34.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

**Decision rationale:** California MTUS Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes for patients with conditions that put them at risk of delayed recovery. An adequate and thorough evaluation should be made, including baseline functional testing. There should be evidence that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. There should also be evidence of a significant loss of ability to function independently resulting from the chronic pain. Patients should exhibit motivation to change and willingness to forego secondary gains. Negative predictors of success should be addressed. Total treatment duration should not generally exceed 20 full day sessions. Although it is noted that the injured worker has failed multiple conservative modalities and is not currently a candidate for surgical intervention, there are persistent complaints of pain and a lack of substantial improvement following previous conservative treatment. A Functional Restoration Program evaluation was considered medically necessary and authorized on 12/09/2014. Pending receipt of the initial Functional Restoration Program multidisciplinary evaluation, the current request is not medically appropriate at this time.