

<b>Case Number:</b>	CM15-0030857		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	10/09/2012
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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, Hawaii

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:

The injured worker is a 44 year old female with an industrial injury dated October 9, 2012. The injured worker diagnoses include bilateral knee sprain/strain injury, bilateral ankle sprain/strain injury, possible meniscal tear, bilateral knee, possible bilateral ankle bursitis, plantar fasciitis and bilateral knee and foot pain. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, consultation and periodic follow up visits. According to the progress note dated 1/15/2015, the objective findings revealed tenderness to palpitation of the knee and positive Apley's test of bilateral knees. The treating physician prescribed functional restoration program for 2 weeks. Utilization Review determination on January 26, 2015 denied the request for functional restoration program for two weeks, citing MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program for two weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31 - 32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Detoxification, Functional Restoration Programs Page(s): age(s) 30-34, 42p, 49.

**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 patient had a functional restoration program a year ago. The most recent medical record is dated 3/2014 and the treating physician does not adequately document a functional loss that would require a second functional restoration program at this time. As such, the request for Functional restoration program for two weeks is not medically necessary.