

<b>Case Number:</b>	CM15-0044222		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	04/26/2001
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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 61 year old male injured worker suffered an industrial injury on 4/26/2001. The diagnoses were right knee derangement of the meniscus, mechanical complications of the prosthetic joint implant and enthesopathy. The diagnostic studies were electromyography, x-rays of the right knee and left knee, electromyography, and magnetic resonance imaging of the right knee. The treatments were left total knee replacement, physical therapy, Orthovisc to the right knee, steroid injections and medications. The treating provider reported right knee pain worsening and the left knee continues with severe pain that gives way and walks with a cane utilizing a knee brace. The requested treatment was Functional restoration program 2 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program 2 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedure Summary Functional restoration programs (FRPs).

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

**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. In this case, the claimant already had knee surgery. The claimant is undergoing other modalities such as a stimulator, therapy and pain medication modification. In addition, the claimant is medically retired. The request for 2 weeks of FRP is not justified and not medically necessary.