

<b>Case Number:</b>	CM15-0084466		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	10/28/2002
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Pennsylvania

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 56-year-old male, who sustained an industrial injury on 10/28/2002. The initial complaints or symptoms included low back, neck and right shoulder pain/injury. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, right shoulder surgery (2009), right knee surgeries, and conservative therapies. Currently, the injured worker complains of worsening knee pain, low back pain and right shoulder pain with pain rating of 7-8/10. The diagnoses include cervical strain/sprain, probable right upper extremity radiculitis without evidence of radiculopathy, right shoulder bicipital tendinitis, lumbosacral strain/sprain, right sacroiliac joint strain/sprain, right knee chondromalacia patella medial meniscus tear, status post right knee arthroscopy, cervical degenerative disc disease, status post right shoulder surgery, and right rotator cuff impingement syndrome. The request for authorization included interdisciplinary evaluation for a Functional Restoration Program (FRP).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interdisciplinary Evaluation for A Functional Restoration Program: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 31-33.

**Decision rationale:** A pain rehabilitation program may be considered when all of the following criteria have been 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." Documentation reports his pain and function are worse since he has been out of the medication. It is not clear from the record what his functional level is with or without the medication. Although a full functional evaluation would be anticipated as part of the chronic pain program evaluation, based on the above criteria, there should be sufficient documentation of significant loss of ability to function independently before considering a functional restoration program. Although it is stated that his pain is made worse with walking, there is no documentation of significant loss of ability to function independently. Pain with function does not necessarily imply loss of function. Therefore, there is not sufficient fulfillment of the criteria to consider this request medically necessary.