

<b>Case Number:</b>	CM14-0141389		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	12/01/2005
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 39-year-old male who reported an injury on 12/01/2005. The mechanism of injury was not submitted for clinical review. The diagnoses included right knee sprain, left knee sprain, left foot and ankle sprain. Previous treatments included physical therapy, pool therapy, knee injections, and cartilage grafting to the right knee. The diagnostic testing included an x-ray. Within the clinical note dated 04/24/2014, the injured worker complained of knee pain with some joint line pain. He rated his pain 6/10 to 7/10 in severity. The injured worker reported his right knee has buckled causing a fall. The injured worker reported physical therapy substantially has helped with pain control. On physical examination, the provider noted the injured worker had a tender left lateral hip buttock scar. The injured worker had discomfort with flexion to 90 degrees of the patellofemoral. The injured worker had swelling and tenderness of the knee at the medial and lateral joint lines. The provider noted the injured worker had left foot tenderness at the distal metatarsals proximally third and fourth. The recommended treatment is a functional restoration program; however, a rationale was not submitted for clinical review. The request for authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with Functional Restoration Program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) and chronic pain programs (.).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program, Chronic Pain Program Page(s): 30-32.

**Decision rationale:** The request for 1 consultation with functional restoration program is not medically necessary. The California MTUS Guidelines indicate that a functional restoration program is recommended for patients with conditions that put them at risk for delayed recovery. The criteria for injury into a functional restoration program includes an aquatic and thorough evaluation that has been made including baseline functional testing so follow-up with the same test can note functional improvement, documentation of previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, documentation of the patient's significant loss of the inability to function independently resulting from chronic pain, documentation that the patient is not a candidate for surgery or other treatments would clearly be warranted, documentation of the patient having motivation to change and they are willing to forego secondary gains including disability payments , and negative predictors of success has been addressed. Additionally, it indicates the treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. There is significant lack of documentation indicating the injured worker had undergone baseline functional testing. The clinical documentation indicated the injured worker had substantial amount of relief with physical therapy. There is lack of documentation indicating the injured worker had a significant loss of ability to function independently resulting from chronic pain. Therefore, the request is not medically necessary.