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| <b>Case Number:</b>   | CM14-0168341 |                              |            |
| <b>Date Assigned:</b> | 10/16/2014   | <b>Date of Injury:</b>       | 03/27/2013 |
| <b>Decision Date:</b> | 11/18/2014   | <b>UR Denial Date:</b>       | 10/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/13/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this claimant is a 57-year-old female with a 3/27/13 date of injury and a history of right knee arthroscopy and debridement on 3/29/11. At the time (9/11/14) of request for authorization for a Functional Restoration Program (FRP) evaluation, there is documentation of subjective (bilateral knee and lower back pain) and objective (edema noted on the knee, right knee effusion, positive crepitus, tenderness over the pes anserinus bursa, 4/5 strength testing on the bilateral knees and ankle dorsiflexion, paresthesia to light touch in the medial and lateral right leg, and diminished patellar and Achilles tendon reflexes) findings, current diagnoses (internal derangement of the knee), and treatment to date (medications). There is no documentation that previous methods of treating chronic pain have been unsuccessful; nor is there an absence of other options likely to result in significant clinical improvement or a significant loss of ability to function independently resulting from the chronic pain. There is no evidence that the patient is not a candidate where surgery or other treatments would clearly be warranted and that the patient exhibits motivation to change.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Functional Restoration Program (FRP) Evaluation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program (FRP) Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-32.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines require documentation of the following as criteria necessary to support the medical necessity of a chronic pain program evaluation: previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change. Within the medical information available for review, there is documentation of a diagnosis of internal derangement of the knee. However, there is no documentation of the criteria listed above. Therefore, based on guidelines and a review of the evidence, the request for a Functional Restoration Program (FRP) Evaluation is not medically necessary.