

<b>Case Number:</b>	CM14-0211056		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	05/02/2011
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of May 2, 2011. A utilization review determination dated November 18, 2014 recommends noncertification of 4 additional weeks of a functional restoration program. Modified certification was recommended for 2 additional weeks. Modification was recommended since the patient had already undergone 2 weeks (80 hours) and guidelines recommend a maximum of 160 hours. A follow-up appointment dated October 16, 2014 identifies subjective complaints of ongoing pain in the knees. She has been scheduled for a functional restoration program evaluation. Physical examination revealed restricted range of motion with decreased strength in knee flexion/extension. Diagnoses include left knee degeneration, right knee medial meniscus tear, left-sided lumbar radiculopathy, chronic myofascial pain syndrome, and depression. The treatment plan recommends proceeding with a functional restoration program evaluation. No reports from the functional restoration program have been provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 4 weeks of functional restoration program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 49,30-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34 and 49 of 127.

**Decision rationale:** Regarding the request for a functional restoration program, the MTUS Chronic Pain Guidelines supports chronic pain programs/functional restoration programs when: 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; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Guidelines recommend a maximum of 4 weeks (160 hours) of functional restoration program unless there is documentation of extenuating circumstances. Within the documentation available for review, it appears the patient has already undergone at least 2-4 weeks of the functional restoration program. No documentation has been provided identifying any objective functional improvement or subjective gains as a result of the functional restoration program thus far. As such, the currently requested additional 4 weeks of functional restoration program is not medically necessary.