MAXIMUS Federal Services

| Case Number: | CM14-0211921 | | |
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| Date Assigned: | 01/02/2015 | Date of Injury: | 01/23/2002 |
| Decision Date: | 02/19/2015 | UR Denial Date: | 11/17/2014 |
| Priority: | Standard | Application Received: | 12/17/2014 |

## 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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

## 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 (IW) is a 73-year-old man with a date of injury of January 23, 2010. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are degenerative arthritis bilateral knee plus right knee internal derangement; history of right shoulder surgery and repair; and bilateral shoulder rotator cuff injury. The IW has had right shoulder surgery X 3, and right knee surgery times one. Pursuant to the progress note dated October 29, 2014, the IW complains of ongoing pain in the right knee and bilateral shoulders. The pain is aggravated with activities. He is not utilizing any oral medications as he has had side effects in the past. Left knee examination reveals positive tenderness to palpation (TTP) with painful range of motion (ROM). His ROM is slightly decreased with extension on the right side compared to the left. Bilateral shoulder examination reveals positive TTP noted with painful ROM. His ROM is 70% of normal in the bilateral shoulders. The treating physician reports the IW had prior electro acupuncture with benefit. The total number of sessions is not documented. There are no acupuncture progress notes in the medical record. There is no evidence of objective functional improvement associated with prior acupuncture and other conservative treatments. The IW has used a TENS unit in the past. Currently, his TENS is broken and he is unable to use it. The provider is in the process of request authorization for the TENS to be repaired. According to the documentation in a progress note dated August 26, 2014, The IW continues to have chronic pain despite conservative treatments. He has failed coping mechanism and has not returned back to work due to chronic pain. It is unclear if the IW attempted to return back to work unsuccessfully. The treating physician reports the IW had an initial evaluation for

functional restoration program (FRP) and has been considered a good candidate for the program. The initial FRP report is not available in the medical records for review. The current request is for full FRP authorization.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Full Functional Restoration Program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program. Decision based on Non-MTUS Citation ACOEM Guidelines pages 107, 114

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Chronic Pain Programs (Functional Restoration Programs)

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, a full functional restoration program is not medically necessary. The criteria for the general use of multidisciplinary pain management programs (full functional restoration program) are not medically necessary. The criteria include, but are not limited to, previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; and adequate and thorough multidisciplinary evaluation has been made; documentation the patient has motivation to change and is willing to change their medication regimen. Documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; etc. For additional details see the Official Disability Guidelines, Chronic Pain Programs (Functional Restoration Programs). In this case, the documentation does not contain a hard copy of the multidisciplinary evaluation. Reportedly, the injured worker had an initial functional capacity evaluation. The treating physician indicated the injured worker is "a good candidate". Additionally, the injured worker is undergoing electro-acupuncture; however, the total number of sessions, frequency and duration are not documented in the medical record. The injured worker did not have physical therapy or any other treatment modality. His TENS unit is broken and the documentation does not indicate whether or not TENS provides objective functional improvement. The documentation does state the injured worker is motivated and is aware of other changes in secondary gains. The injured worker is currently not on any medications and has not been due to side effects associated with medications. There is no discussion in the medical record as to whether the injured worker is planning on returning to work because the injured worker is 73 years old. Consequently, absent an adequate and thorough multidisciplinary evaluation, a full Functional Restoration Program is not medically necessary.