

<b>Case Number:</b>	CM15-0011969		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	12/16/2010
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: Internal Medicine, Hospice & Palliative 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 is a 59 year old female, who sustained an industrial injury on 12/16/10. The injured worker has complaints of left shoulder, right knee and low back pain. She completed her physical therapy lumbar spine; however her right knee is quite bothersome. She states she is taking her medications but the vicodin is not helping her. The documentation noted on the PR 12/18/14 that the injured worker does not respond well to injections or surgery and Magnetic Resonance Imaging (MRI) was not seen. The diagnoses have included right knee osteoarthritis; adhesive capsulitis, left shoulder and lumbar strain. According to the utilization review performed on 12/30/14, the requested Consultation for a Functional Restorations Program (FRP), left shoulder, right knee and low back Qty: 1.00 has been non-certified. MTUS Chronic Pain Medical Treatment Guidelines (2009) pages 31-32, chronic pain programs (functional restoration programs) were used.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation for a Functional Restorations Program (FRP), left shoulder, right knee and low back Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 3.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 49.

**Decision rationale:** A functional restoration program (FRP) is a type of interdisciplinary pain program specifically tailored for those with chronic disabling occupational musculoskeletal disorders. The focus is to maximize function rather than eliminate pain. While additional quality research is needed, the MTUS Guidelines recommend this treatment. A two week trial is recommended with additional treatment after demonstrating both patient-reported and objective improvement. The documentation concluded the worker was suffering from right knee osteoarthritis, left shoulder adhesive capsulitis, and lumbar strain. The documented pain assessments were minimal and did not include many of the elements recommended by the Guidelines. While the worker's symptoms have been resistant to many treatments, there was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for an evaluation for a functional restoration program for the right knee, left shoulder, and lower back is not medically necessary.