

<b>Case Number:</b>	CM15-0012746		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/31/2014
<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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51-year-old male, who sustained a work related injury on 1/13/12. The diagnoses have included osteoarthritis of right knee, degenerative joint disease right ankle, displacement, and degeneration of intervertebral disc lumbar spine, and psychophysiologic disorder. Treatments to date have included physical therapy, anti-inflammatory medication, oral pain medication, HEP treatment to lower back, wears a right ankle brace and right knee surgery. In the PR-2 dated 12/15/14, the injured worker complains of right knee, right hip, and low back pain. He complains of intermittent right ankle pain. He states that increased activity make pain worse. He walks with a limp. On 12/31/14, Utilization Review non-certified a request for a functional restoration program for 2 weeks (10 days), 60 hours. The California MTUS, Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program for two weeks (10 days) 60 hours at [REDACTED]**  
[REDACTED]: Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 30-34, 42, 49.

**Decision rationale:** MTUS states Long-term evidence suggests that the benefit of these programs diminishes over time, Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains and treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Therefore, the request for a 2 week program is within guidelines and the request for Functional restoration program for two weeks (10 days) 60 hours at [REDACTED] is medically necessary.