

<b>Case Number:</b>	CM15-0161673		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	11/24/2008
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: California

Certification(s)/Specialty: Family Practice

### 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 58 year old, female who sustained a work related injury on 11-24-08. A review of the medical records shows she is being treated for pain in knees, low back and hip. In an appeal request dated 7-17-15 and a Behavioral Medicine Consultation dated 7-17-15, she has long-standing pain in her knees, low back and hip. She rates her pain level a 9 out of 10. At best, it is 6 out of 10 and at worst, it is a 10 out 10. She states she has aching, stabbing, piercing, and numbing sensations with the pain. She has depression and anxiety. Treatments have included a drug detoxification program, left knee surgeries x 2, medications, physical therapy, massage, an exercise program, acupuncture, relaxation training and use of a TENS unit. Current medications are not listed. No notation of working status. The treatment plan includes a request for her participation in a structured interdisciplinary rehabilitation program. The evaluation for such a program has been completed. The Request for Authorization dated 8-13-15 has requests for the HELP program, hotel stay and daily transportation. In the Utilization Review dated 8-4-15, the requested treatment of HELP Program 80 hours with hotel stay and daily transportation for the bilateral knees is not medically necessary. A letter of appeal has been submitted dated 8/13/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 HELP program for 80 hours with hotel stay and daily transportation for the bilateral knee injuries:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Chronic pain programs (functional restoration programs).

**Decision rationale:** According to the MTUS guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. On a prior peer review dated 8/4/15, the requested treatment was non-certified. The requesting provider has submitted a request dated 8/13/15 at which time the prior reviewers questions and concerns were addressed. A review of the medical records notes that the injured worker meets the criteria for undergoing the requested functional restoration program. The injured worker is followed for chronic knee, low back and hip pain, and per ODG's recommendations on functional restoration programs, "Outcomes (in terms of body parts). Knee (and other lower extremity disorders): This cohort study demonstrated that FRP was equally efficacious for patients with chronic lower extremity (LE) injuries (involving the hip, knee, ankle, and foot) and low back pain (LBP) injuries. Both patient groups significantly improved on measures of pain, disability, and depression after the FRP, and patients in both groups displayed similarly high return-to-work and work-retention rates one year later. (Mayer, 2013)". The injured worker has undergone an initial evaluation for a functional restoration program. The provider has clarified that the injured worker has not previously undergone such a program and the request for a trial of this program is supported. The request for 1 HELP program for 80 hours with hotel stay and daily transportation for the bilateral knee injuries is medically necessary and appropriate.