

<b>Case Number:</b>	CM15-0175587		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 52 year old male sustained an industrial injury on 7-18-13. Documentation indicated that the injured worker was receiving treatment for lumbar disc disease, lumbar facet syndrome, left knee medial meniscus tear status post repair and compensatory right knee pain. Previous treatment included left knee medial meniscus repair (6-2014), platelet rich plasma injections, medial branch block, home exercise and medications. In a PR-2 dated 8-14-15, the injured worker complained of ongoing pain rated 6 to 7 out of 10. The injured worker had a one to two hour sitting, one hour standing and a two-hour walking tolerance. The injured worker had previously tried to return to modified duty and was unable. Physical exam was remarkable for 5 out of 5 bilateral lower extremity strength, decreased sensation in the left foot and lumbar range of motion with flexion at 35 degrees and extension 5 degrees. The treatment plan included continuing current medications and awaiting approval for L5-S1 epidural steroid injection. On 8-25-15, a request for authorization was submitted for a one time multidisciplinary consultation with a modified functional restoration program, twice a week for six weeks. On 9-1-15, Utilization Review noncertified a request for a functional restoration program twice a week for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program, 2 days per week times 6 weeks: Upheld**

**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 rationale:** Functional restoration program, 2 days per week times 6 weeks is not medically necessary per the MTUS Guidelines. The MTUS states that for a patient to participate in a functional restoration or chronic pain program the patient has a significant loss of ability to function independently resulting from the chronic pain. The documentation does not support that the patient has a significant loss of ability to function independently. An 8/14/15 document states that the patient should continue his home exercise program with extensive swimming. The documentation indicates that he has a 2-hour walking tolerance and a 1-2 sitting and 1-hour standing tolerance. The patient does not meet the criteria for a functional restoration program therefore this request is not medically necessary.