

<b>Case Number:</b>	CM15-0177467		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	12/09/1971
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: North Carolina  
 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 73-year-old male, who sustained an industrial injury on 12-9-71. The injured worker was diagnosed as having gout; history of coronary artery disease; hypertension; diabetes; pain in joint lower leg; left knee osteoarthritis; right knee osteoarthritis; history pulmonary embolism - Coumadin therapy. Treatment to date has included status post left knee arthroscopies x7 (1972-2009); total left knee arthroplasty (2011); status post right knee surgeries x8 with 9th surgery for total right knee replacement; status post pulmonary embolism treatment; physical therapy; medications. Currently, the PR-2 notes dated 7-28-15 indicated the injured worker complains of continued chronic bilateral knee pain. He is a status post multiple bilateral knee surgeries and also bilateral knee replacement surgeries. He complains of bilateral knee pain right greater than left. He has popping, clicking and swelling in the right knee. The provider refers the physical examination to the PR-2 dated 7-28-15. The treatment plan on this date (7-29-15) indicates the injured worker is being evaluated for a Functional Restoration Program. The PR-2 notes dated 7-28-15 were reviewed. The notes indicted the injured worker complains of chronic right knee pain. The injured worker reports he is not being authorized for Kadian and Norco. The provider documents "He will have to pay out of pocket for these medications." The injured worker reports that with the use of medications, he continues to have good pain relief and is able to walk better with less pain for exercise. He also reports he does continue to have decrease in function due to his chronic pain. Objective findings are documented by the provider "patient ambulated into the room with assistance of a single point cane." Physical examination, the provider documents: "crepitus and grinding present right greater than left knee upon

palpation. Range of motion left knee was decreased by 20% with flexion before extension and decreased by 10% with flexion and full extension on the right knee. Anterior-posterior drawer test and lateral-medial collateral ligament stress tests were negative." The provider notes a medical history of coronary artery disease and history of deep vein thrombosis with pulmonary embolism and on Coumadin therapy. The provider suggests the injured worker would benefit from a multidisciplinary program. A Request for Authorization is dated 9-18-15. A Utilization Review letter is dated 8-10-15 and modified-certification for a Functional restoration program evaluation for the mental health evaluation component only. The Utilization Reviewer negotiated this decision per peer-to-peer discussion with the provider on 8-10-15 at 10:38. The Utilization Review Letter explains the Rationale for Determination: stating, "Based on the clinical data reviewed and the peer-to-peer discussion, the following negotiated agreement was achieved. The worker is noted to have a chronic pain disorder that has been evolving over the past nearly 45 years and has been confounded by medical and surgical co-morbidities of rheumatoid arthritis, multiple surgical procedure on the contralateral knee as well as the development of common medical conditions such as hypertension and coronary artery disease and less common disorders such as deep vein thrombosis and pulmonary embolism required extended systemic anti-coagulation therapy. Additionally, function is increasingly limited by the natural process of aging confounded by deconditioning negatively impacted by the non-occupational knee disorder. The worker is noted to have undergone screening mental health evaluation for over years ago with no mental health services being provided including the lack of education and counseling regarding pain management strategies. Prior to further considering the eligibility and likelihood of benefiting from participation in Functional Restoration Program or Chronic pain management program, there needs to be the completion of a behavioral health diagnostic interview and psychometric testing beyond the basis screening inventories... the medical necessity for the mental health evaluation is established." The provider is requesting authorization of Functional restoration program evaluation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Functional restoration program evaluation:** 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): Functional restoration programs (FRPs).

**Decision rationale:** The California chronic pain medical treatment guidelines section on functional restoration programs states: Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs (see chronic pain programs), were originally developed by Mayer and Gatchel. FRPs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate

components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. (Bendix, 1998) A Cochrane review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. The evidence is contradictory when evaluating the programs in terms of vocational outcomes. (Guzman 2001) It must be noted that all studies used for the Cochrane review excluded individuals with extensive radiculopathy, and several of the studies excluded patients who were receiving a pension, limiting the generalizability of the above results. Studies published after the Cochrane review also indicate that intensive programs show greater effectiveness, in particular in terms of return to work, than less intensive treatment. (Airaksinen, 2006) There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck, shoulder pain, as opposed to low back pain, and generalized pain syndromes. (Karjalainen, 2003) Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. For general information, see chronic pain programs. While functional restoration programs are recommended per the California MTUS, the length of time is for 2 weeks unless there is documentation of demonstrated efficacy by subjective and objective gains. The request does not specify an amount of time for the program. This is in excess of the recommendations and thus is not medically necessary.