

<b>Case Number:</b>	CM15-0070047		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	04/25/2006
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 64 year old female who sustained an industrial injury on April 25, 2006. Prior treatment includes left knee replacement, right knee replacement, left shoulder surgery, functional restoration program and medications. Currently the injured worker complains of low back, neck, shoulder and bilateral knee pain. The injured worker has completed six weeks of a functional restoration program with notes that the injured worker's medication regimen has been optimized since her participation in the Functional Restoration Program. Diagnoses associated with the request include cervical disc displacement without myelopathy, left shoulder internal derangement, bilateral knee pain and lumbar stenosis. The treatment plan includes home exercise program, medications and six sessions of aftercare following a Functional Restoration Program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aftercare Functional restoration program x 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restorative Guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Functional Restoration Program.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aftercare for a functional restoration program X 6 sessions is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system. The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; and adequate thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. If treatment duration in excess of four weeks is required, a clear rationale for the specified extension and reasonable goals to be achieved should be provided. There are negative predictors of success which include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. The injured worker completed a functional restoration program starting March 17, 2015 through March 27, 2015. The program included cognitive behavioral training classes, educational lectures, group therapy sessions and individual physical therapy sessions. Progress throughout the program includes active participation in physical therapy with demonstrated improvements in functional abilities; improved ability to relax and improve pain coping through cognitive behavioral interventions; tolerated maintenance of her medication regimen; proficient in an individualized home exercise program designed to improve functional abilities; and increased social contact. The patient plans to retire and, as a result, will not be returning to work. The patient remains permanent and stationary. The treating physician states aftercare is highly recommended to help with the successful transition back to full functionality in all activities of daily living and gainful employment. As noted above, the injured worker is not returning to work and is retiring. If the aftercare services are considered a transitional complement of the program and recommended, these hours should be calculated into the program as part of the weaning services rather than being assigned an add on status. Consequently, aftercare functional restoration program X 6 sessions is not medically necessary.