

<b>Case Number:</b>	CM15-0096336		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	12/24/1993
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: Arizona, 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 53-year-old female, with a reported date of injury of 12/24/1993. The diagnoses include right shoulder pain, left knee pain, neck pain, low back pain, and chronic pain syndrome. Treatments to date have included oral medications, right shoulder rotator cuff repair, right total knee replacement in 2008, left meniscal repair in 2010, physical therapy, home exercise program, aquatic therapy, cognitive behavioral therapy, acupuncture, an MRI of the lumbar spine on 06/26/2012, an MRI of the left knee on 07/17/2014, an MRI of the cervical spine on 06/26/2012, and electrodiagnostic studies of the bilateral lower extremities on 05/17/2011. The multidisciplinary initial evaluation report dated 04/16/2015 indicate that the injured worker began having pain in the neck, low back, and right shoulder. It was noted that as a result of her chronic pain, the injured worker had developed psychosocial sequelae that had limited her function and recovery after the initial incident, such as anxiety, fear-avoidance, depression, and sleep disorders. The injured worker was not interested in injections or surgery. After receiving cognitive behavioral therapy, the injured worker did not report improvement in terms of her functional capacity. She felt that her symptoms have negatively affected her ability to perform her activities of daily living. The objective findings showed decreased cervical spine and lumbar spine range of motion; decreased muscle strength of the bilateral upper extremity, decreased bilateral shoulder range of motion, decreased muscle strength and range of motion of the bilateral lower extremity. The treating provider(s) felt that the injured worker was an optimal candidate for a functional restoration program. It was noted that she was vulnerable to future exacerbations of her symptoms if they were not presently addressed. She had undergone

multiple treatment attempts to improve her pain which had not provided with meaningful or long-lasting relief. The treating physician requested Functional Restoration Program for 64 hours for the left knee, neck, low back, and right shoulder.

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

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

**Functional restoration program for the left knee, neck, low back and right shoulder, quantity: 64 hours:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPS) Page(s): 31-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration program Page(s): 30-33.

**Decision rationale:** According to the 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. The claimant has a history and desire to improve as well as failing other prior conservative measures. The request for 64 hours of FRP is within the 10-day recommendation trial prior for FRP. The request for FRP is appropriate and medically necessary.