

<b>Case Number:</b>	CM14-0141258		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/13/2012
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a 38-year-old female who reported an industrial injury on 3/13/2012, over 2 years ago, attributed to the performance of her usual and customary job tasks, which was reported as a slip and fall. The patient is diagnosed with shoulder joint pain, lower leg joint pain, lumbar sprain/strain; lumbosacral spondylosis, and lumbar disc displacement without myelopathy. The patient underwent a consultation for a FRP. The patient was noted to have had multiple injuries due to her reported slip and fall. The patient is had a left knee arthroscopic surgery on 8/9/2012 for a meniscus repair, multiple knee injections, physical therapy, and cortisone injections to the shoulder. The patient was noted to have received lumbar facet injections; epidural steroid injections activity modifications; medications Patient also complained of low back pain left knee pain and left shoulder pain. The patient is taking tramadol-APAP and a topical compounded cream. The objective findings on examination included obese; some giveaway witness to the left hip; SLR negative; range of motion was decreased on the right shoulder and low back; patients left knee at a slight valgus deformities; pain on palpation; no instability; slightly antalgic gait. Patient reported symptoms of anxiety and depression. The treatment plan included a request for 160 hours of FRP.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**160 hours of Functional Restoration Program: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 92, 127; Chronic Pain Treatment Guidelines functional restoration Page(s): 30-32. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6, suffering, and functional restoration pages 113-115; chronic pain chapter 8/8/2008 interdisciplinary pain rehabilitation programs Official Disability Guidelines (ODG) pain chapter-functional restoration programs; chronic pain programs

**Decision rationale:** The patient is currently being treated for a lower back pain; shoulder pain; and knee pain subsequent to the reported industrial injury 2 years ago. The patient is requested to have a 160-hour FRP for chronic mechanical back, knee, and shoulder pain 2 1/2 years after the DOI. It is not clear why further conditioning and strengthening has not occurred with the previously provided sessions of physical therapy and the recommendations for a self-directed home exercise program. There is no demonstrated medical necessity for the requested functional restoration program as a requesting provider has not documented the criteria recommended by the California MTUS. The request for authorization a FRP is not supported with objective evidence to support the medical necessity of the request for consultation for the formal functional restoration program. The patient is currently assessed as not making additional progress with persistent pain; however, it is not clear that the patient is participating in a self-directed home exercise program in order to return to work. The patient is 2 years s/p date of injury and is not demonstrated to have failed bona fide conservative care or participated in a self-directed home exercise program. There is objective evidence provided that the patient cannot be treated with the ongoing conservative treatment as provided without the intervention of a formalized FRP. There is no objective evidence that the FRP is medically necessary for the diagnosis of unspecified pain issues, as the evaluation of the patient is not complete. There is no significant documented objective evidence provided that supports the medical necessity of the requested consultation for a FRP as a requirement before returning to modified work. The appropriate treatment has not been demonstrated to have failed. The patient has few objective findings on examination other than reported TTP and decreased ROM.