

Case Number:	CM13-0017943		
Date Assigned:	10/11/2013	Date of Injury:	09/17/2007
Decision Date:	02/10/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in New York and Texas. 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 physician 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:

The patient is a 65-year-old male who reported an injury on 09/17/2007. The mechanism of injury was twisting his left ankle. Initial care included activity modification and an unknown duration of physical therapy, as well as medication management. He was initially diagnosed with a metatarsophalangeal joint capsule strain, as well as left lateral ankle Grade I strain/sprain. The patient did not obtain significant improvement from conservative treatment and failed a return to work attempt. In 2009, he underwent a removal of his left dorsal osteophytic lifting of the interphalangeal joint of the left hallux. He also received a 1st metatarsophalangeal joint cheilectomy. Unfortunately, this did not improve his symptoms. He had a second surgery on an unknown date to fuse the hallux joint and to remove a neuroma. However, his symptoms worsened from this procedure. In 02/2012, he underwent a third surgery for removal of the left hallux hardware and an exploration of the 2nd interspace of the left foot. Again, he had no benefit from this surgery. He was subsequently referred to chronic pain management and it was recommended that he participate in a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 10 days of functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34.

Decision rationale: The California MTUS Guidelines recommend chronic pain programs (functional restoration program) for patients who have exhibited a delayed recovery. Criteria for the continuation of the program include integrative summary reports that provide objective evidence of significant improvement. Guidelines also state that treatment duration should not exceed 20 full day sessions, the equivalent of 160 hours; unless a clear rationale for the extension is provided. Guidelines also state that patients should be motivated to return to work after the program is completed. According to a request for the functional restoration program dated 07/15/2013, four weeks, or 20 days, were requested. The program progress reports show that the patient had been making significant gains both physically and psychologically, at weeks 2 and 4, and showed no remaining significant functional deficits at week 4. It appears the patient continued into week 5 of the functional restoration program without prior authorization, and did not make any more gains from week 4. There is also note in a clinical report dated 08/05/2013 that the patient had graduated from the program and did not wish to return to work, as he decided to retire. The information submitted for review shows that the patient has met guideline recommendations and, therefore, any extension of the program would be excessive without documentation of exceptional factors. As such, the request for an additional 10 days of functional restoration program is non-certified.