

Case Number:	CM13-0038035		
Date Assigned:	12/18/2013	Date of Injury:	06/25/2012
Decision Date:	02/20/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/24/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 54 year old female presenting with right ankle pain following a work related injury on 06/25/2012. She has tried Terocin cream, Naproxen 550mg and Cymbalta. The claimant has also tried physical therapy and a home exercise program. The claimant's physical exam was significant for severe antalgic gait, decreased sensation right lateral ankle, minimal swelling in right ankle joint, full dorsiflexion and plantar flexion in both ankles, tenderness of the right and medial malleoli, 4/5 to the right extensor hallucis longus. An MRI of the ankle was significant for thickening of the ATFL. The claimant was diagnosed with compensatory lateral epicondylitis, left and right ankle pain status post right ankle arthroscopy, debridement, and corticosteroid injection peroneal tendons.

IMR ISSUES, DECISIONS AND RATIONALES

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

consultation of the patient for a functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31, 49.

Decision rationale: A consultation of the patient for a function restoration program is not medically necessary. The claimant was diagnosed with depression and presents a picture of uncontrolled pain as opposed to decreased functioning. There is no delineation of psychosomatic pain versus true pathological pain; therefore a functional restoration program is not medically necessary. CA MTUS page 49 states that functional restoration programs are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. "The program is the type of treatment included in the category of interdisciplinary pain programs for patients with chronic disabling occupational musculoskeletal disorders. These programs emphasized the importance of function over the elimination of pain and incorporate components of exercise progression with disability management and psychosocial intervention. Treatment in these programs is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." Page 31 of the MTUS guidelines also state that while functional restoration programs are recommended, research remains ongoing as to what is considered a gold standard content for treatment, the group of patients that benefit most from this treatment, the exact timing of when to initiate treatment, and the intensity necessary for effective treatment, and cost effectiveness.