

Case Number:	CM13-0054545		
Date Assigned:	12/30/2013	Date of Injury:	08/05/2003
Decision Date:	03/17/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/19/2013

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 Emergency Medicine, and is licensed to practice in New York and Tennessee. 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 70-year-old female who was injured on August 5, 2003 when a door collapsed and fell on her left foot. There was no fracture at the time of the injury. The patient continues to complain of pain in her left foot, ankle, knee, and hip. Physical examination showed tenderness over the anterolateral aspect of the ankle and plantar fascia. Range of motion was normal in the ankles and knees. Psychological testing showed illness apprehension, functional deficit, pain sensitivity, and adjustment difficulties. Diagnoses included left plantar fasciitis, chronic left ankle pain, left knee pain, and left hip pain. Treatment included topical analgesics. Request for authorization for Functional Restoration Program was submitted on September 26, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Northern California Functional Restoration Program x 160 hours (20 sessions): Upheld

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

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

Decision rationale: Functional restoration programs (FRPs) are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs.

FRPs are interdisciplinary pain programs and emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. A Cochrane review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. The evidence is contradictory when evaluating the programs in terms of vocational outcomes. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case the request is for 160 hours from 11/11/13 to 12/20/13 for six weeks of the program. The recommendation is that the employee undergoes treatment for 2 weeks initially to demonstrate that the program is effective. The request is for 6 weeks of treatment. This surpasses the recommended initial treatment. The request is not authorized.