

<b>Case Number:</b>	CM13-0067625		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/25/2011
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 in Occupational 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:

The patient is a 26 year old male who was injured on 09/25/2011 while carrying a basket weighing 60 pounds full of grapes when he stepped on a stone and felt like his ankle broke. Prior treatment history has included pain medication, topical analgesics, as least 24 weeks of physical therapy, use of a TENS unit and an H-wave device. The patient underwent two surgeries to his right Achilles tendon. Functional Restoration Program Initial Evaluation dated 11/07/2013 indicated the patient continued to have right ankle and foot pain despite undergoing surgery and conservative management. He reported having at least two sessions of 12 weeks of physical therapy. He also reports also having low back pain as a result of his limp. He notes that pain medications and use of a TENS unit somewhat alleviates his pain. His condition has caused financial strain, anxiety, and depressed mood. His current medications include Gabapentin 600 mg, Ketamine 5% cream, Ibuprofen 800 mg, and Voltaren 1% Gel. Objective findings on exam revealed his strength is full in the bilateral upper and lower extremities except with ankle dorsiflexion, plantar flexion, eversion, and inversion which are 3+/5. There is decreased sensation over the lateral aspect of the right foot and over the dorsum of the right foot. The reflex of the right Achilles is not tested due to pain over the well-healed surgical incisional scar. There is evidence of hyperpathia but no allodynia in the right lower extremity over the scar area. There is exquisite tenderness to palpation of the Achilles tendon on the right. The range of motion of the right ankle is reduced by approximately 30 degrees for dorsiflexion, plantar flexion is full, and inversion/eversion was also limited by approximately 50 degrees compared to the left. The right foot is slightly colder to palpation than the left. On psychological evaluation, the patient complained that his chronic pain symptoms have negatively impacted his ability to perform a number of activities of daily living. His strategies for managing his chronic pain include holding or rubbing the painful area, changing positions frequently moaning or crying,

lying down, withdrawing and taking medication. The patient reported symptoms of depression secondary to his pain disorder and criteria of depressive disorder. He also reported symptoms of anxiety secondary to his pain disorder and currently meets the criteria for anxiety. He complained of significant problems with sleep disturbance. The patient has not been exercising in ways that rehabilitate his chronic pain in the right foot. He has no guidance to engage in rehabilitation efforts secondary to fear avoidance, physical Deconditioning, and lack of knowledge as to how to implement an appropriate home exercise program. He appeared to be unable to identify the necessary steps toward improving his functional abilities and pain management skills so he is able to resume a more active and rewarding life despite his strong motivation to do so.

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

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

**1 function restoration program (160 hours): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRP's).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Page(s): 30-3, 49.

**Decision rationale:** There appears to be little scientific evidence for the effectiveness of multidisciplinary bio psychosocial rehabilitation programs versus conventional rehabilitation. Further, this patient does not meet inclusion criteria. The patient does not exhibit clear motivation to change or a willingness to forgo secondary gains. There are several negative predictors of success including high levels of psychosocial distress, opioid use, high pain levels, and long duration of disability time. Therefore, functional restoration program is non-certified.