

Case Number:	CM13-0071785		
Date Assigned:	01/08/2014	Date of Injury:	04/24/2006
Decision Date:	05/30/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/30/2013

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 Physical Medicine and Rehabilitation 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:

According to the records made available for review, this is a female with a 4/24/06 date of injury. At the time (11/19/13) of the request for authorization for one (1) functional restoration program evaluation, there is documentation of subjective (severe increased left ankle pain, low back is always sore, and she is more depressed) and objective (lumbar spine range of motion is restricted, positive spasms with palpation diffusely, swelling L5-S1, left ankle swelling, left ankle movement is diminished, and sensation is decreased over ulnar nerve distribution on the left side) findings, current diagnoses (sprains and strains of ankle, lumbar or lumbosacral disc degeneration, reflex sympathetic dystrophy not otherwise specified, closed ankle fracture not otherwise specified, ankle arthroscopy, and sprains and strains of ankle not otherwise specified), and treatment to date (medication and injections). There is no documentation of an absence of other options likely to result in significant clinical improvement; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) FUNCTIONAL RESTORATION PROGRAM EVALUATION: 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 (FUNCTIONAL RESTORATION PROGRAMS) Page(s): 31-32.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of chronic pain program evaluation. Within the medical information available for review, there is documentation of diagnoses of sprains and strains of ankle, lumbar or lumbosacral disc degeneration, reflex sympathetic dystrophy not otherwise specified, closed ankle fracture not otherwise specified, ankle arthroscopy, and sprains and strains of ankle not otherwise specified. In addition, there is documentation that previous methods of treating chronic pain have been unsuccessful and the patient has a significant loss of ability to function independently resulting from the chronic pain. However, there is no documentation of an absence of other options likely to result in significant clinical improvement; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change. Therefore, based on guidelines and a review of the evidence, the request for one (1) functional restoration program evaluation is not medically necessary.