

Case Number:	CM14-0000154		
Date Assigned:	01/10/2014	Date of Injury:	05/09/2012
Decision Date:	04/24/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/31/2013

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 Family Medicine, and is licensed to practice in Arizona. 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 47 year old male with a date of injury on 5/9/2012. Patient has ongoing symptoms related to his right ankle and foot. Subjective complaints are of constant right ankle pain with radiation to posterior ankle, and numbness and burning pain. Physical exam shows right ankle swelling, tender over anterior ankle, decreased sensation to light touch, and decreased range of motion. Medications include insulin, metformin, Gabapentin, and Relafen. MRI showed complete anterior tibial tendon tear. Surgery was recommended, but due to uncontrolled diabetes, the patient was deemed not a suitable surgical candidate. Treatments have included medication, ankle brace, and a cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION, 8 HOURS A DAY FOR 10 DAYS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-34.

Decision rationale: The California MTUS states that a functional restoration program may be certified when the following criteria are met: adequate and through prior investigation, failure of

previous treatment modalities, significant loss of function, the patient is not a surgical candidate, and the patient exhibits motivation to change. Treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The patient has also received a functional restoration evaluation which determined patient was a candidate for treatment. The submitted documentation demonstrates that this patient fulfills all these criteria. Therefore, the use of an 80-hour functional restoration program for is medically necessary.