

<b>Case Number:</b>	CM14-0004320		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	06/25/2008
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Anesthesiology and is licensed to practice in Anesthesiology. 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 an employee of [REDACTED] and has submitted a claim for left ankle pain associated with an industrial injury date of June 25, 2008. Treatment to date has included medications, cortisone injections to the left ankle, left lateral ankle arthroscopic debridement and stabilization, and post-operative physical therapy for the left ankle. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of left ankle pain. On physical examination, the spine revealed unremarkable findings. No sensory deficits were noted. Examination of the lower extremities revealed atrophy of the left lower extremity. Range of motion of the hips was within normal limits. Utilization review from December 13, 2013 denied the request for 1 initial evaluation for functional restoration program for the management of symptoms related to the left pelvis/thigh as an outpatient because the patient did not have any specific left pelvis or thigh complaints and there was no indication of any psychological evaluation or individual cognitive behavioral therapy prior to the requested service.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 INITIAL EVALUATION FOR FUNCTIONAL RESTORATION PROGRAM FOR THE MANAGEMENT OF SYMPTOMS RELATED TO THE LEFT PELVIS/THIGH: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , 9792.24.2, 31-32

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program participation may be considered medically necessary when all of the following criteria are met. This includes an adequate and thorough evaluation including baseline functional testing; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; there is significant loss of ability to function independently; the patient is not a candidate where surgery or other treatments would clearly be warranted; the patient exhibits motivation to change; and negative predictors of success have been addressed. In this case, an appeal dated January 10, 2014 stated that a request for an initial evaluation for a functional restoration program was made to help determine if the patient is appropriate for cognitive behavioral therapy that also ties together improvement in physical activity/tolerance. However, the present request is addressed towards the management of left pelvis/thigh symptoms, which the appeal failed to address. The latest medical note failed to mention subjective complaints of left pelvis/thigh pain and an adequate and thorough examination of the left pelvis/thigh was not documented. Moreover, the medical records only showed treatment targeting the left ankle but there was no discussion regarding trial and failure of treatment strategies for the left pelvis/thigh. There was also no discussion regarding significant loss of the patient's ability to function independently and negative predictors of success were not addressed. The request is not medically necessary.