

<b>Case Number:</b>	CM14-0158083		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	11/19/2009
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Emergency Medicine, has a subspecialty in, 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 injured worker is a 41-year-old female, who sustained an injury on November 19, 2009. The mechanism of injury occurred when she bent her left ankle. Diagnostics have included: EMG/NCV undated reported as normal. Treatments have included February 20, 2013 revision of modified Brostrom Evans procedure with free tendon allograft, physical therapy, medications, acupuncture, and chiropractic. The current diagnoses are: s/p revision of modified Brostrom Evans procedure with free tendon allograft, tendonitis left ankle, depressive disorder. The stated purpose of the request for Multidisciplinary Evaluation was due to the issue that she has exhausted all interventions. The request for Multidisciplinary Evaluation was denied on September 12, 2014, noting that the injured worker injury was 4 1/2 years past and had been made permanent and stationary in January 2014 implying no anticipated functional improvement, and a lack of documented current loss of function. Per the report dated September 8, 2014, the treating physician noted complaints of left ankle pain and difficulty walking. Exam findings included left foot limited and painful flexion and extension.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multidisciplinary Evaluation:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 49.

**Decision rationale:** The requested Multidisciplinary Evaluation is medically necessary. CA MTUS Chronic Pain Medical Treatment Guidelines, Pg. 49, Functional restoration programs (FRPs), note that functional restoration programs are "Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs," and note "These programs emphasize the importance of function over the elimination of pain." The injured worker has left ankle pain and difficulty walking. The treating physician has documented left foot limited and painful flexion and extension. The treating physician has not documented satisfactory addressing of negative predictors of success, i.e. issues of motivation and depression. However, this is a function of a multidisciplinary program evaluation. Therefore the criteria have been met for such an evaluation, even though the medical necessity for a functional rehab program has not been established, pending the results of the afore-mentioned evaluation. The criteria noted above having been met, Multidisciplinary Evaluation is medically necessary.