

Case Number:	CM14-0175458		
Date Assigned:	10/28/2014	Date of Injury:	07/20/2011
Decision Date:	12/05/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/23/2014

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 Physical Medicine & 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:

This is a 28-year-old male with a 7/20/11 date of injury. The mechanism of injury occurred when he slipped and fell while at work, injuring his right ankle. According to a progress report dated 9/24/14, the patient reported that he has had ongoing problems with his foot. He is able to walk but has problems bearing weight for prolonged periods of time. He stated that he is depressed and has become socially isolated. He was recently told that he may need another surgery. Objective findings: tenderness at the medial malleus border, numbness along top of the foot, pain at the Tarsal tunnel on the right, partial weight bearing, uses a scooter. Treatment to date: medication management, activity modification, physical therapy, home exercise program, surgery. A UR decision dated 10/14/14 denied the request for functional restoration program. There is no documentation that the patient has had an adequate and thorough evaluation, including baseline functional testing so follow-up with the same test can note functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Restoration Programs (FRPs) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines criteria for functional restoration program participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; a significant loss of ability to function independently; that the patient is not a candidate where surgery or other treatments would clearly be warranted; that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and that negative predictors of success above have been addressed. However, in the present case, it is documented that the patient has recently been told that he may need another surgery. In addition, the patient has not had a functional restoration program evaluation to assess his baseline function and the request does not specify how many hours of an FRP are being requested. Furthermore, the patient noted that he has been depressed and has become socially isolated. There is no discussion explaining how the psychological issues would be managed, to justify a functional restoration program. Therefore, the request for Functional restoration program QTY: 1 was not medically necessary.