

<b>Case Number:</b>	CM14-0022316		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	05/09/2012
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/22/2014

### 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, has a subspecialty in Interventional Spine, 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 patient is a 47 year-old male who was injured on 5/9/12. He has been diagnosed with right ankle pain secondary to complete rupture of the right anterior tibial tendon; dysesthesia and neuropathic pain in the distal peroneal nerve on the right; gait disturbance; depression; insomnia; and poorly controlled diabetes. According to the 1/31/14 report from [REDACTED], the patient completed his 4th week of an FRP and has 45 % reduction in symptoms, anxiety and depression, but he has not returned to work. The IMR application shows a dispute with the 1/28/14 UR decision. The 1/28/14 UR letter is a modification of a FRP from 1/20/14 to 2/14/14, to allow 2-weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**[REDACTED] FUNCTIONAL RESTORATION PROGRAM: TWENTY (20) DAYS, FOUR (4) WEEKS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES- FUNCTIONAL RESTORATION PROGRAMS (FRPs)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

**Decision rationale:** The patient injured his right ankle in 2012 and has had several surgeries but as of 2/24/14 continues to complain of 6/10 pain and difficulty walking and has not returned to work. I have been asked to review for the 4-weeks of the FRP. The earliest report available for the FRP is dated 1/9/14 from [REDACTED], it states the patient is in his first week of the FRP. The only medical report prior to the FRP is dated 7/29/13 by [REDACTED] and it does not provide a pain assessment. The 1/9/14 report from [REDACTED] does not provide a pain assessment. There are no reports available that discuss whether the patient is a candidate for the FRP. MTUS provides a criteria list with 6-items and states all criteria must be met for the FRP. There is no mention that the patient is willing to forgo secondary gain including his disability payments, and the negative predictors of success have not been addressed. The patient does not meet MTUS criteria for the FRP or a trial FRP.