

Case Number:	CM14-0025288		
Date Assigned:	06/11/2014	Date of Injury:	04/09/2012
Decision Date:	07/15/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/27/2014

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 Illinois. 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 34-year-old male with an injury reported on 04/09/2012. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/23/2014 reported that the injured worker complained of chronic left ankle pain. The physical examination revealed local tenderness to the left ankle joint. The injured worker's motor strength was decreased in the left ankle and left foot. Clinical note dated 01/28/2014, reported the physical examination revealed tenderness over the peroneal tendons with direct palpation. The injured worker's prescribed medication list included Mobic and Flexeril for inflammatory pain and hydrocodone 10/325 mg for pain control. The injured worker's diagnoses included myofascial pain syndrome, left ankle sprain/strain injury, and left ankle tendonitis. The provider requested a functional restoration program, the rationale was not provided in the clinical note. The Request for Authorization was submitted on 02/25/2014. The injured worker's prior treatments included acupuncture. The dates and amount of acupuncture sessions were not included in the clinical note.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30.

Decision rationale: The request for functional restoration program is non-certified. The injured worker complained of chronic left ankle pain. The treating physician's rationale for the functional restoration program was not provided in clinical note. The CA MTUS guidelines recommend functional restoration program where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below. Functional restoration programs include psychological care along with physical therapy & occupational therapy (including an active exercise component as opposed to passive modalities). Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met to include an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & negative predictors of success above have been addressed. There is a lack of clinical information indicating the injured worker is willing and motivated to return to the work force. There is a lack of clinical information documenting an evaluation of the injured worker's baseline functioning ability. It is noted the injured worker's prescribed medication list included Mobic, Flexeril, and hydrocodone; however, there is a lack of information indicating the efficacy of the medication as evidenced by decreased pain and significant objective functional improvements. It was also noted the injured worker had acupuncture therapy; however, there is a lack of documentation of the injured worker's progression and improvement with acupuncture sessions as evidenced by decreased medication usage and increased functionality. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition was not provided; there was a lack of documentation indicating the injured worker had significant functional deficits. As such, the request for Functional Restoration Program is not medically necessary and appropriate.