

Case Number:	CM14-0027732		
Date Assigned:	06/13/2014	Date of Injury:	05/09/2012
Decision Date:	07/16/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/04/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 yr old male who sustained an injury to his ankle and foot as a result of a slip and twisted his right ankle. He underwent care imaging studies (MRI) that revealed a complete anterior tibial tendon tear with proximal retraction of 1.3cm above the tibiotalar joint. He utilizes an Arizona AFO brace while ambulating that seems to help in stabilizing his right ankle, but the patient continues to complain of severe pain in his ankle, as well as dysethesias in the dorsal aspect of the foot which makes weightbearing difficult. On physical exam, the patient has a decreased sensation along the dorsal aspect of his right foot, has significant difficulty with dorsiflexion and plantar flexion with noted decreased range of motion. The patient has a grossly antalgic gait with weightbearing favoring his left leg and he utilizes an assistive device (cane) for ambulating. The patient has had the benefit of 4 weeks of a Functional Restoration Program with noted 45% reduction in his anxiety and depression, being less isolated, more engaging with family and community and improvement in his ability to ambulate. In dispute is six sessions of aftercare at [REDACTED] Functional Restoration Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX SESSIONS OF AFTERCARE AT [REDACTED] 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 Pain Intervention and Treatments Page(s): 49.

Decision rationale: FRP's are recommended as a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. A Cochrane review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. Studies published after the Cochrane review indicates that intensive programs show greater effectiveness, in particular in terms of return to work, than less intensive treatment. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. I reviewed the requesting / treating physician's goals for the patient's plan for improving his overall functionality and applaud the functional improvement the patient has gained thus far. It is unfortunate that the CA MTUS guidelines do not discuss further extension of a Functional Restoration Program beyond a two-week period, of which the patient has already had an additional two weeks within the program. I recommend close observation with specific goals for his home exercise program. Unfortunately, I cannot authorize further extension / sessions request is not medically necessary.