

Case Number:	CM14-0047702		
Date Assigned:	06/25/2014	Date of Injury:	05/29/2009
Decision Date:	07/28/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/31/2014

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 & Rehab, 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 injured worker is a 45 year old male with an injury date on 05/29/2009. Based on the 02/25/2014 progress report the diagnoses are: 1. Right lateral medial avulsion fracture of the ankle. 2. Depressive disorder, NOS. 3. Anxiety disorder, NOS. 4. Pain disorder associated with both a general medical condition and psychological factors. Medical evaluation on 02/25/2014 reveals mild swelling on both lateral and medial aspects of the ankle, tenderness to palpation along the medial malleolus and anterior aspect of the right ankle. Range of motion is limited; dorsiflexion is limited by 25%, inversion and eversion are limited by 50%, plantar flexion is limited by 25%. CT scan on September 2009, per provider show "mild comminuted fracture of the posterior medial talus extending to the middle subtalar facet and tibiotalar articulation." Doctor is requesting 160 hours of [REDACTED] Functional Restoration program. The utilization review determination being challenged is dated 03/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One hundred sixty hours of [REDACTED] functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Chronic Pain Programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Chronic Pain Medical Treatment Guidelines, page 49 Functional restoration programs (FRPs).

Decision rationale: According to the 02/24/2014 report by treating physician, this patient presents with "right ankle pain. The treater is requesting 160 hours of Functional Restoration program. Regarding functional restoration programs, MTUS guidelines pg. 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. Review of the reports do not indicate the patient has had meet criteria 1 of MTUS guidelines, "An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement." Without accomplishing all 6 criteria of MTUS guidelines, the request is not medically necessary.