

<b>Case Number:</b>	CM14-0053493		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	01/04/2001
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 53 year-old individual was reportedly injured on 1/4/2001. The mechanism of injury is noted as work related injury. The most recent progress note, dated 7/2/2014, indicates that there are ongoing complaints of right foot and ankle pain. The physical examination demonstrated the patient arises easily from a seated position and has table gait. No recent diagnostic studies were available for review. Previous treatment includes ankle surgery X 6, pain program, steroid injections, TENS unit, physical therapy, and medication. A request had been made for additional functional restoration program #20 days, hotel accommodation #20 days which was not certified in the pre-authorization process on 4/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Functional restoration program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34.

**Decision rationale:** Functional Restoration Programs are recommended 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. After reviewing the medical documentation provided, the patient has already had #10 sessions. After review of the guideline, the recommendations state total treatment duration should not exceed 20 sessions. Therefore, the request for 20 additional sessions is excessive, and without clear rationale for specified extension and reasonable goals to be achieved, this request is deemed not medically necessary.

**Local hotel accommodation for 20 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34.

**Decision rationale:** Because the request for additional Functional Restoration Program was deemed not medically necessary, the request for local hotel accommodation for 20 days is also not medically necessary.