MAXIMUS Federal Services

Case Number:	CM14-0055916		
Date Assigned:	07/09/2014	Date of Injury:	07/25/2010
Decision Date:	09/09/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/25/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic ankle, hand, and knee pain reportedly associated with a trip and fall industrial injury of March 25, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of chiropractic manipulative therapy; unspecified amounts of acupuncture; and unspecified amounts of physical therapy.In a Utilization Review Report dated April 18, 2014, the claims administrator denied a request for a functional restoration program on the grounds that the applicant had reportedly benefitted from acupuncture and could improve without the functional restoration program in question.In an April 14, 2014 progress note, the applicant reported persistent complaints of foot and ankle pain. The attending provider states that the applicant remain off of work, on total temporary disability, while pursuing a functional restoration program. The primary treating provider did acknowledge that he was the co-owner of the functional restoration program facility in question.On March 24, 2014, the attending provider again noted that the applicant had persistent complaints of pain requiring usage of tramadol, Naprosyn, and topical ketoprofen. The applicant was again placed off of work, on total temporary disability, while the functional restoration program in question was pursued. In a functional restoration program evaluation of December 11, 2013, it was stated that the applicant had deficits with shoulder pain, elbow pain, and forearm pain associated with cumulative trauma at work. The applicant had derivative issues with depression with resultant Global Assessment of Functioning (GAF) 60. The applicant was staying in bed at times and remained significantly depressed, it was stated. Functional restoration program was therefore sought. The remainder of the file was surveyed. There was no evidence that the applicant had had any previous psychological treatment or psychotropic medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

(2) Weeks of Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints,Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 32.

Decision rationale: As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of a chronic pain program includes evidence that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In this case, the applicant's primary limiting concerns appear to be psychological in nature. The applicant is having issues with depression and anxiety so severe that she often lies in bed all day. There is no evidence on file, however, to suggest that the applicant has had any psychological treatment to date, such as psychotropic medications or psychological counseling. Since there is evidence that other options are likely to result in significant clinical improvement here, the chronic pain program is, by definition, not indicated. Therefore, the request is not medically necessary.