MAXIMUS Federal Services

Case Number:	CM14-0200871		
Date Assigned:	12/11/2014	Date of Injury:	05/25/2013
Decision Date:	01/31/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/01/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 60 year old employee with date of injury of 5/25/13. Medical records indicate the patient is undergoing treatment for closed bimalleolar fracture; other pain disorder related psychological factors and long term current use of other medications. He is s/p removal of the hardware screw (bimalleolar fracture) on 10/16/14 and ORIF of the bimalleolar fracture on 5//31/13. Subjective complaints include low back pain and right knee pain secondary to gait disturbance. Objective findings include tenderness to palpation over lower lumbar paraspinal muscles from L3 through L5; tenderness over spinous process from L3 through L5. Range of motion (ROM): lumbar flexion-40; extension-10; lateral tilt to right and left-15. Straight leg raise is negative bilaterally. The right ankle has limited ROM dorsiflexion to 80 and plantar flexion to 120. There is pain on both eversion and inversion of the right ankle to 50% of normal. There is mild swelling over the pretibial region rated 1+. The right knee has full ROM and crepitus is noted slightly on the passive flexion and extension of the right knee. Gait is antalgic with weightbearing on the left and he uses a cane in his right hand. Treatment has consisted of use of crutches and a cane, PT, topical Capsaicin; Gabapentin, Relafen and Buprenorphine. The patient has been avoiding exercise to rehabilitate the chronic pain in his right ankle. He is fearful of physical activity because he is afraid of increasing pain. The utilization review determination was rendered on 11/24/14 recommending non-certification of Functional restoration program x 160 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program x 160 hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification, Functional Restoration Programs Page(s): 30-34, 42, 49.

Decision rationale: MTUS states "Long-term evidence suggests that the benefit of these programs diminishes over time", "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." and "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." Medical documentation provided did not provide sufficient information to warrant certification for a full program without an initial trial. Treatment notes do not clearly explain the rationale for a treatment program consisting of 160 hours without providing any interim evidence of progress. As such, the request for Functional restoration program x 160 hours is not medically necessary.