

Case Number:	CM14-0206389		
Date Assigned:	12/18/2014	Date of Injury:	05/10/2012
Decision Date:	02/11/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/09/2014

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 Rehabilitation, has a subspecialty in Pain 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 injured worker is a 33 year-old female with an original date of injury on May 10, 2012. The mechanism of injury was twisting her right ankle while going down a flight of steps. The industrially related diagnoses are tenosynovitis of the foot and ankle, posterior tibial dysfunction, status post right knee surgery, impaired gait, complex regional pain syndrome of the right foot, compensable left knee sprain, internal derangement due to over compensation of right lower extremity, and chronic lower back pain. The patient's treatments to date include naproxen 550 mg, physical therapy, cold and heat packs, ibuprofen 800 mg, ankle support, bilateral foot orthotics, CAM boot walker, and topical Voltaren. A MRI of right ankle on October 24, 2014 showed posterior tenosynovitis and minor chronic degenerative spurring at the plantar fascia region. The disputed issues are the request for functional capacity evaluation and the request for functional restoration program. A utilization review on December 4, 2014 has non-certified these requests. With regards to the request for functional capacity evaluation, the utilization review stated that functional capacity evaluation requirement by the guidelines are not met, and the further foot and ankle treatments are needed. Therefore, the functional capacity evaluation is not recommended at this time. With regards to functional restoration program, there is a need for follow up with the foot and ankle surgeon, pain management and rehabilitation, pending exhaustion of the lower level care, criteria are not met for the functional restoration program evaluation. Therefore, this request was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 137

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 1 Pages 12 & Chapter 7, Pages 137-138.

Decision rationale: Regarding request for functional capacity evaluation, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no indication that there has been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.

Functional Restoration Program evaluation QTY: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 3.

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

Decision rationale: Regarding the request for 1 session of functional restoration program, California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and negative predictors of success above have been addressed. A progress note on November 17, 2014 indicated the provider has ordered a functional restoration program for the patient. The reasoning for such request is that the patient has failed to progress, failed surgery, failed physical therapy and home exercise programs. The patient has no identifiable secondary gain. The provider has addressed the negative predictive of success. Not only is the

patient willing to improve and bring this case to MMI status and resolution, she is willing to reduce her pain medication by 30%, as well as to improve her personal awareness strength to control pain medication. Given the above information, this request is medically necessary.