

Case Number:	CM14-0022702		
Date Assigned:	06/11/2014	Date of Injury:	08/16/2006
Decision Date:	03/13/2015	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 47-year-old male who reported an injury on 08/16/2006. According to the documentation provided, the injured worker reportedly jumped off of a tractor as it was entering the water and fractured his right lower extremity. The injury included an open fracture of the right tibia that resulted in an infection and delayed union. Currently, the injured worker is diagnosed with fractured tibia/fibula, myalgia/myositis, skin ulcer, and depression. The injured worker presented on 09/04/2013 for a followup evaluation. The injured worker utilized a brace for foot drop. The injured worker reported increased hip pain and a stage 2 ulcer on the medial aspect of the right leg. There was surrounding erythema and tenderness. It was noted that the injured worker was utilizing Norco for chronic leg pain and Zoloft for depression. Upon examination, there was a shallow 1 cm ulceration at the mid medial aspect of the leg overlying the tibia, tenderness to palpation, mild surrounding erythema and warmth, 1+ deep pulses, and 2/5 dorsiflexion and plantarflexion. Recommendations included a referral for a functional restoration program. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

Decision rationale: The California MTUS Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes for patients with conditions that place them at risk of delayed recovery. An adequate and thorough evaluation should be made. There should be evidence that previous methods of treating chronic pain have been unsuccessful with an absence of other options that are likely to result in significant clinical improvement. According to the documentation provided, there was no evidence of a recent attempt at any conservative treatment in the form of active rehabilitation. There is also no documentation of an adequate and thorough evaluation prior to the request for a functional restoration program. The guidelines also recommend that negative predictors of success are addressed. Treatment is not suggested for longer than 2 weeks without evidence of objective improvement. There was no frequency or duration of treatment listed in the above request. As such, the request is not medically appropriate.