

<b>Case Number:</b>	CM15-0104237		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48 year old male, who sustained an industrial injury on 9/27/12. He reported initial complaints of injury from a motor vehicle accident/left ankle. The injured worker was diagnosed as having chronic pain syndrome; abnormality of gait; plantar fasciitis; tenosynovitis of foot/ankle; Pes Anserinus Bursitis; sciatica; major depression; anxiety. Treatment to date has included physical therapy; TENS unit, injections; psychological and behavioral evaluation (4/3/15); medications. Diagnostics included MRI left ankle (1/30/15). Currently, the PR-2 notes dated 4/3/15 indicated the injured worker has been treated medically for his symptoms. More recently, the provider notes, he has declined in his psychological and behavioral health and is developing symptoms of anxiety and depression. This could be interfering with his recovery and interfering with his activities of daily living as well as his functional abilities. He has been referred to this office for an initial psychological evaluation. The provider notes the anxiety and depression are related to the injured workers chronic pain condition and recommended behavioral therapy and pharmacotherapy. He is referring the injured back to his primary physician who may wish to consider the use of Cymbalta. The provider has requested a 15 day trial of the Functional Restoration Program for the left foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**15 Day Trial of The Functional Restoration Program of The Left Foot: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

**Decision rationale:** The patient presents with diagnoses of chronic pain syndrome, abnormality of gait, plantar fasciitis, tenosynovitis of foot/ankle, Pes Anserinus Bursitis, sciatica, major depression, anxiety. Currently the patient has declined in his psychological and behavior health and is developing symptoms of anxiety and depression. The current request is for 15-day trial of the functional restoration program of the left foot. In his 4/3/15 (59B) treating report the treating physician states that the patient's declining psychological and behavior health could be interfering with his recovery and interfering with his activities of daily living as well as functional abilities. The utilization review dated 5/5/15 (5A) supported the medical necessity for the functional restoration program but modified and certified a 10-day trial rather than the 15-day trial requested. MTUS Guidelines state, "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." In this case, the treating physician has demonstrated the need for the functional restoration program of the left foot but has exceeded MTUS Guidelines in terms of the duration of the program. The current request is not medically necessary.