

Case Number:	CM15-0134747		
Date Assigned:	07/23/2015	Date of Injury:	05/10/2013
Decision Date:	08/19/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/13/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 24 year old female who sustained an industrial slip and fall injury to her ankle on 05/10/2013. The injured worker was diagnosed with right medial and lateral ligament injury on the right ankle, chronic right posterior tibial tendonitis and chronic tear of the calcaneofibular ligament. No surgical interventions were documented. Treatment to date has included diagnostic testing with recent right ankle magnetic resonance imaging (MRI) with contrast/arthrogram noting a tear to the calcaneofibular ligament, steroid injection to the right ankle and medications. According to the Utilization Review the injured worker completed 6 sessions of functional restoration program (FRP) with improvement in July 2014. No other therapies were documented. According to the primary treating physician's progress report on May 12, 2015, the injured worker continues to experience right ankle symptoms. Examination of the right ankle demonstrated tenderness to palpation over the lateral and medial ligaments and anterolateral joint line. There was no soft tissue swelling, effusion or instability. Documentation noted no syndesmosis tenderness with a negative Squeeze sign, no tarsal tenderness with a negative Tinel's and no pain with ligamentous stress testing. There was intact function of all musculotendinous groups without subluxation. Sensory, deep tendon reflexes, pulses and motor strength were intact. Range of motion was noted as dorsiflexion and plantar flexion at 30 degrees each and inversion and eversion and 20 degrees each. Foot and toes revealed a negative examination. The injured worker displayed a slight antalgic gait. According to the medical report in February 2015, the injured worker had not begun the functional restoration program (FRP) and did not notice any improvement with continued self-treatment. At this time an additional 12

visits were requested. Current medications were not documented. The injured worker is capable of full work activities, was terminated and is currently unemployed. Treatment plan consists of continuing with soft tissue modalities, exercise with range of motion and strengthening, activity as directed and the current request for functional restoration program (FRP) twice a week for 6 weeks to the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of functional restoration program 2 times a week for 6 weeks to the right ankle:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration program Page(s): 49.

Decision rationale: The California chronic pain medical treatment guidelines section on functional restoration programs states: Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs (see Chronic pain programs), were originally developed by [REDACTED]. FRPs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. (Bendix, 1998) A Cochrane review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. The evidence is contradictory when evaluating the programs in terms of vocational outcomes. (Guzman 2001) It must be noted that all studies used for the Cochrane review excluded individuals with extensive radiculopathy, and several of the studies excluded patients who were receiving a pension, limiting the generalizability of the above results. Studies published after the Cochrane review also indicate that intensive programs show greater effectiveness, in particular in terms of return to work, than less intensive treatment. (Airaksinen, 2006) There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. (Karjalainen, 2003) Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. For general information see Chronic pain programs. While functional restoration programs are recommended per the California MTUS, the length of time is for 2 weeks unless there is documentation of demonstrated efficacy by subjective and objective gains. The request is for 6 weeks which is in excess and therefore is not medically necessary as it does not meet guideline recommendations.