

Case Number:	CM15-0180052		
Date Assigned:	09/21/2015	Date of Injury:	03/12/2014
Decision Date:	11/06/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/14/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 35 year old male, who sustained an industrial injury on 03-12-2014. He has reported subsequent right ankle, wrist and lumbar spine pain and was diagnosed with contracture of the joint, ankle, foot, pain in limb, right ankle open reduction internal fixation with residual pain and restricted range of motion, lumbar spine open reduction internal fixation with mild residual pain and gait impairment. Treatment to date has included pain medication, physical therapy and surgery. In a progress note dated 07-24-2015, the injured worker reported persistent right ankle pain which improved somewhat with ongoing physical therapy. Objective examination findings showed restricted range of motion of the right ankle which was decreased by 25% for right ankle dorsiflexion and a slightly antalgic gait. The physician noted that overall improvement would involve a functional restoration program and that the injured worker would follow up for an initial evaluation for functional rehabilitation program (FRP) with the goal of optimizing his function so that he could progress toward reintegrating in the work force. On 08-18-2015 the injured worker had the initial evaluation for FRP performed. The report noted that previous methods of treating chronic pain were unsuccessful, there was an absence of other options likely to result in significant clinical improvement, that the injured worker had lost the ability to function independently due to chronic pain, that the injured worker was not a candidate where surgery or other treatment would clearly be warranted, exhibited motivation to change and had no negative predictors of success. A treatment plan with goals was listed. Work status was documented as modified. A request for authorization of functional restoration program, 160

hours was submitted. As per the 09-02-2015 utilization review, the request for functional restoration program, 160 hours was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program, 160 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: According to the MTUS Functional Restoration Programs (FRPs) are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs, a type of treatment included in the category of interdisciplinary pain programs, were originally developed by Mayer and Gatchel. 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. 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. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The patient selection criteria for identification of patients that may benefit from early intervention via a multidisciplinary approach include: 1. The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. 2. The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. 3. There is a previous medical history of delayed recovery. 4. The patient is not a candidate where surgery or other treatments would clearly be warranted. 5. Inadequate employer support. 6. Loss of employment for greater than 4 weeks. In this case the patient is noted to have had improvement in symptoms of pain after a short course of physical therapy. It does not appear that he meets criteria as he is still a candidate for other treatments like physical therapy. Therefore the request is not medically necessary.