

Case Number:	CM15-0197668		
Date Assigned:	10/13/2015	Date of Injury:	04/27/2015
Decision Date:	11/19/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/07/2015

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: New Jersey

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 33 year old female, who sustained an industrial injury on 4-27-15. The injured worker is being treated for pain in ankle-foot joint. Treatment to date has included transcutaneous electrical nerve stimulation (TENS) unit (which has helped alleviate symptoms somewhat), oral medications including Naproxen, Hydrocodone and Ibuprofen; crutches and activity modifications. On 9-10-15, the injured worker complains of pain in left lower extremity without radiation and rated 7.5 out of 10 and on 9-15-15 the injured worker complained of pain on both legs, left greater than right; and rated 7 out of 10. She is currently temporarily totally disabled. Physical exam performed on 9-10-15 revealed swelling around left ankle laterally with decreased sensation over the lateral malleolus and pain on palpation over the outside of left ankle and on 9-15-15 revealed pain upon palpation over the right groin and right ankle diffusely. The treatment plan notes the injured worker is struggling too much with pain in left and right leg and right leg pain seems to be radiating up from her right ankle with left leg pain is from the leg compensating for the right. It is noted on 6-2-15 she was released from care and no further treatment was anticipated at that time. On 9-21-15 request for authorization was submitted for evaluation for functional restoration program. On 9-25-15 request for evaluation for functional restoration program was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation for a Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

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

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that functional restoration programs (FRPs) are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. 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. Treatment in one of these programs is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The criteria for general use of multidisciplinary pain management programs such as FRPs include: 1. An adequate and thorough functional evaluation as a baseline, 2. Previous methods of treating chronic pain unsuccessful, 3. Significant loss of ability to function independently from the chronic pain, 4. Not a candidate for surgery or other warranted treatments (if a goal of treatment is to prevent controversial or optional surgery, a trial of 10 visits may be implemented), 5. Exhibits motivation to change, including willingness to forgo secondary gains, 6. No negative predictors of success (negative relationship with the employer/supervisor, poor work adjustment/satisfaction, negative outlook about future employment, high levels of psychosocial distress, involvement in financial disability disputes, smoking, duration of pre-referral disability time, prevalence of opioid use, and pre-treatment levels of pain). Total treatment duration should generally not exceed 20 full day sessions (or the equivalent). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved, requires individualized care plans, and should be based on chronicity of disability and other known risk factors for loss of function. In the case of this worker, although the provider states in the documentation that they doubt that physical therapy alone would be helpful, which had not yet been approved at the time, to help justify the functional restoration program request, there was no report of the worker performing home exercises (physical therapy) which does not need approval, and until physical therapy as fully been implemented and currently still being used, there would not be enough evidence of this worker reaching maximal medical improvement to justify a functional restoration program. Therefore, this request cannot be considered medically necessary at this time.