

Case Number:	CM15-0202765		
Date Assigned:	10/19/2015	Date of Injury:	04/11/2013
Decision Date:	11/30/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/15/2015

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, California
 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 34 year old male, who sustained an industrial injury on 4-11-13. He reported left ankle pain. The injured worker was diagnosed as having pain in the joint of the ankle and foot and long-term use of medications. Treatment to date has included resection of a plantar fascia mass on 6-25-15, left ankle arthroscopic debridement, lateral gutter debridement, and plantar fasciectomy on December 2014, and medication including Morphine, Gabapentin, and Nabumetone. Physical examination findings on 6-2-15 included limited ankle eversion and inversion. Direct palpation of the medial heel was noted to be acutely tender. Acute tenderness was also noted with movement of the toes. Sensation, motor function, and vascular status were noted to be intact. On 6-19-15, Morphine was noted to provide 40-50% pain relief. On 6-2-15, the injured worker complained of pain in the left heel and lateral ankle. On 8-10-15, the treating physician requested authorization for a functional restoration program x160 hours. On 9-11-15 the request 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:

Functional restoration program, quantity: 160 hours: Overturned

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

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

Decision rationale: According to the guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. The claimant has a history and desire to improve and return to work. The claimant has failed other conservative measures. The claimant has responded to 80 hours (10 days) of FRP but requires additional behavioral strategies to cope with pain, improve functional abilities and engage in the community. As a result, the request for 10 more days (80 hours) of FRP is medically necessary.