

Case Number:	CM15-0203947		
Date Assigned:	10/20/2015	Date of Injury:	10/18/2013
Decision Date:	12/02/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 48 year old male, who sustained an industrial injury on 10-18-2013. The injured worker is currently able to return to modified work. Medical records indicated that the injured worker is undergoing treatment for chronic pain syndrome, closed tibial fracture, closed fibular fracture, and open reduction and internal fixation of tibia and fibula. Treatment and diagnostics to date has included right leg surgeries, physical therapy, home exercise program, and medications. Subjective data (08-03-2015 and 08-25-2015), included right ankle and foot pain. Objective findings (08-25-2015) included "marked" tenderness over the lateral, medial, and anterior aspect of the ankle and "slightly" decreased dorsi and plantar flexion. The request for authorization dated 09-03-2015 requested right peroneal nerve block under ultrasound and functional rehabilitation program for chronic pain. The Utilization Review with a decision date of 09-17-2015 non-certified the request for functional rehabilitation program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Rehabilitation Program: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

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

Decision rationale: Functional Rehabilitation Program is not medically necessary per the MTUS Guidelines. The MTUS states that prior to participation in a functional rehabilitation program the patient must have an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. The patient has a significant loss of ability to function independently resulting from the chronic pain. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The request for a functional rehabilitation program does not specify a duration of the program and the MTUS does not support treatment for over 2 weeks without evidence of efficacy. The documentation is not clear that there is a significant loss of ability to functional independently. The documentation indicates that treatments are still being considered for this patient. The request for a functional rehabilitation program is not medically necessary.