

Case Number:	CM15-0205560		
Date Assigned:	10/22/2015	Date of Injury:	10/09/2010
Decision Date:	12/03/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/20/2015

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: Internal Medicine, Rheumatology

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 37 year old male who sustained an industrial injury on October 09, 2010. The worker is being treated for: bilateral heel pain, bilateral hand and wrist pain; bilateral plantar fasciitis right side greater; hyperpronation syndrome with prior back injury and surgery. Subjective: July 15, 2015, he reported "having more low back pain." September 16, 2015 he reported benefitting only two or three day's relief after having the foot injection. He further states "no wanting surgery at this time." October 02, 2015; he reported bilateral heel pain, continued bilateral hand and wrist pain. Objective: July 15, 2015 assessment noted: severe stiffness in his low back going down both legs, left side greater. There is severe pain in his bilateral wrists and bilateral heels and feet. There are noted hypersensitivities in both September 16, 2015, primary noted "I am now ready to ask for functional restoration program because the patient is at the end of his care, now that the podiatry is being taken care of, the epidurals have been had, and the patient has decided no CTR surgery." October 02, 2015, assessment noted pain with palpation to the bilateral plantar heel, right side greater near the calcaneal tuberosity. "Overall flatfoot deformity is noted with hyperpronation syndrome present in stance and gait." Medications: July 15, 2015: Hydrocodone, Ibuprofen, Dexilant, Gabapentin, Tizanidine, and Celexa. September 16, 2015: Hydrocodone, Ibuprofen, Dexilant, Gabapentin, Tizanidine, and Celexa. Physical examination this visit noted: extremities, bilateral heels "extremely sensitive" to touch. He has "extreme discomfort with pressure on bilateral heels," although without evidence of decreased range of motion of ankles. October 02, 2015: Gabapentin, Citalopram, Ibuprofen, Norco, Tizanidine, and Dexilant. Diagnostics: radiography study of feet, MRI lumbar spine August 13,

2013, pending authorization for myofascial release and deep tissue massage, medications, modified work duty, injection, chiropractic care. Treatments: psychological, pain management, podiatry care, DME orthotics, physical therapy noted authorized, but did not participate, 2011 back surgery, September 08, 2015 administration of injection, plantar fascial; September 16, 2015 noted consulting recommending CTR, bilaterally. On October 02, 2015 a request was made for functional restoration program that was noncertified by Utilization Review on October 08, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program, Qty 1: 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): Functional restoration programs (FRPs).

Decision rationale: This 37 year old male has complained of foot pain, hand pain, wrist pain and low back pain since date of injury 10/9/2010. He has been treated with epidural steroid injections, physical therapy, surgery and medications. The current request is for a functional restoration program. Per the MTUS guidelines cited above, an adequate and thorough evaluation is recommended prior to initiating a functional restoration program with clear delineation of baseline function prior to consideration of entry into a FRP. The provided medical records do not document a thorough evaluation of baseline function or functional goals as is recommended in the MTUS guidelines. On the basis of this lack of documentation, a FRP is not indicated as medically necessary.