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| Case Number: | CM15-0034105 | | |
| Date Assigned: | 03/02/2015 | Date of Injury: | 10/28/2012 |
| Decision Date: | 04/13/2015 | UR Denial Date: | 02/04/2015 |
| Priority: | Standard | Application Received: | 02/24/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old female, who sustained an industrial injury on 10/28/12. She has reported right ankle injury. The diagnoses have included synovitis and chronic pain syndrome. Treatment to date has included serial casting of right ankle, oral medications, custom orthoses and topical medications. Currently, the injured worker complains of significant improvement of ankle contracture following serial casting. On physical exam, good ankle dorsiflexion is noted; there is pain on compression of the dorsal lateral right ankle and along the intermediate dorsal cutaneous nerve of the ankle. She complained of not being able to wear her fashionable shoes due to lateral instability with a sense of giving way to the ankle. On 2/4/15 Utilization Review non-certified functional restoration evaluation and restoration program modified to functional restoration program evaluation, noting it is to determine eligibility for the program. The MTUS, ACOEM Guidelines, was cited. On 2/13/15, the injured worker submitted an application for IMR for review of functional restoration evaluation and restoration program modified to functional restoration program evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration and iRestore program: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 30-32.

Decision rationale: The 2/04/15 Utilization Review letter states the functional restoration and iRestore program requested on the 12/22/14 medical report was modified to allow a functional restoration program evaluation, but the rationale for the modification was not available for this review. The 12/22/14 medical report states the patient presents with chronic pain involving the right ankle. There is pain with walking over 30 minutes at a time. The diagnoses include synovitis of the ankle and subtalar joint, right; chronic pain syndrome involving peroneal and sural nerves. The patient is released to modified duty with no standing or walking over 20 mins out of an hour. MTUS Chronic Pain Medical Treatment Guidelines, pages 30-32, under Chronic pain programs (functional restoration programs), lists the Criteria for the general use of multidisciplinary pain management programs and states all criteria must be met. The criteria include: The patient has a significant loss of ability to function independently resulting from the chronic pain and the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. MTUS guidelines have extensive criteria for a functional restoration program and requires all the criteria be met. The available records did not indicate the patient has loss of ability to function independently. Not all of the MTUS criteria for a functional restoration program have been met. Therefore, the request for functional restoration and iRestore program IS NOT medically necessary.