

<b>Case Number:</b>	CM15-0042895		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	12/10/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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 39 year old male who sustained an industrial injury on 12/10/2009. Recently he reported continued symptomatology and pain of the left ankle, as well as pain in the neck and low back. The injured worker has been diagnosed with, and/or impressions were noted to include, left calcaneal foot fracture; lumbosacral disc degeneration; pain in ankle joint; sprain/strain of neck and thoracic spine; and development of neck pain and left elbow pain, status-post the left ankle surgery with the use of crutches/cane. Treatments to date have included consultation; magnetic resonance imaging studies - cervical and lumbar (6/9/11, & 1/14/15); magnetic resonance imaging - left foot (4/30/12) open reduction internal fixation (ORIF) of the left ankle (1/24/09), followed by removal of hardware of the left ankle (7/31/13); computed tomography scan - left ankle (12/15/12); 16 physical therapy treatments, resulting in headaches; lumbar & cervical epidural steroid injection therapy (7/2014); psychotherapy sessions x 6, with biofeedback (12/2014); and medication management. The supplemental report of 2/18/2015, notes no significant improvement status-post the ORIF, removal of hardware or post-operative physical therapy, as he remains symptomatic; and with chronic pain in the neck and lower back despite conservative treatment with epidural steroid injections, left cervical facet blocks acupuncture, physical therapy and medications; that he is not a good surgical candidate and that he is motivated to change in order to improve strength and tolerance for activities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) evaluation for functional restoration program:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAM Page(s): 30-33.

**Decision rationale:** The patient has a date of injury of 12/10/09 and is status post ORIF of the left calcaneus and subsequent hardware removal on 07/31/13. The current request is for ONE 1 EVALUATION FOR FUNCTIONAL RESTORATION PROGRAM. The MTUS page 30 to 33 recommends functional restoration programs and indicates it may be considered medically necessary when all criteria are met including, 1. Adequate and thorough evaluation has been made, 2. Previous methods of treating chronic pain have been unsuccessful, 3. Significant loss of ability to function independently resulting from the chronic pain, 4. Not a candidate for surgery or other treatment would clearly be warranted, 5. The patient exhibits motivation to change, 6. Negative predictors of success above have been addressed. The treating physician is requesting an initial evaluation to see if the patient is a candidate for the functional restoration program. In this case, the treating physician is requesting an initial evaluation which is recommended and necessary prior to considering participation in a FRP. The patient is not considering surgery at this time and has tried most conservative treatments including physical therapy and medications without much benefit. The requested evaluation IS medically necessary.