

Case Number:	CM15-0047581		
Date Assigned:	03/19/2015	Date of Injury:	02/16/2014
Decision Date:	04/24/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/12/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 51 year old female, who sustained an industrial injury on February 16, 2014. The injured worker reported ankle pain due to a fall. The injured worker was diagnosed as having knee and ankle strain Achilles tendon sprain, abnormality of gait and adjustment disorder with depressed mood. Treatment and diagnostic studies to date have included surgeries, medication and therapy. A progress note dated February 11, 2015 the injured worker has completed 12 of 24 restorative sessions and has made significant progress with good motivation and compliance with the program. The plan includes additional sessions to meet goals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program for 14 additional sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 30-34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration program.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, functional restoration program 14 additional sessions is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system. The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; and adequate thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions; if treatment duration in excess of four weeks is required, a clear rationale for the specified extension as well as evidence of documented improved outcomes from the facility in terms of specific outcomes that are to be addressed should be documented. In this case, the injured worker's working diagnoses are knee strain; ankle strain; Achilles tendon sprain; abnormal gait; and adjustment disorder with depressed mood. Documentation pursuant to a January 7, 2015 progress note shows the injured worker completed 2 of 24 recommended sessions as of week 1 and will continue for an additional 22 more sessions twice per week for 11 more weeks. It appears the total number of sessions encompass a 12 week period. The guidelines recommend the treatment program not exceed four weeks (20 full days or 160 hours). This appears to be a part time program. The injured worker is presently engaged in week 7 (dates of service February 9, 2015 through February 13, 2015). The documentation does not account for the number of hours authorized or expended. The guidelines recommend 160 hours and total treatment duration should not exceed four weeks (or 20 full days). This is a part-time program and the number of hours to date is not documented in the medical record. The total number of hours for the entire program is needed to determine whether an additional 14 sessions are clinically indicated. The guidelines state if treatment duration in excess of four weeks (full-time program) is required a clear rationale for the specified extension as well as evidence of documented improved outcomes from the facility should be documented. There was no clear rationale for the specified extension documented in the medical record. Consequently, absent clinical documentation with the total number of hours expended and requested in addition to a clear rationale for the specified extension (an additional 14 sessions), functional restoration program for an additional 14 sessions is not medically necessary.