

Case Number:	CM15-0048557		
Date Assigned:	03/20/2015	Date of Injury:	05/25/2013
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/13/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 60-year-old male sustained an industrial injury to the right ankle on 5/25/13. The injured worker was diagnosed with left bimalleolar fracture. The injured worker subsequent developed right knee, right arm and low back pain. Previous treatment included open reduction internal fixation, hardware removal, physical therapy, acupuncture, home exercise and medications. Current diagnoses included chronic pain syndrome, closed bimalleolar fracture and long-term medication use. In a functional restoration discharge report dated 2/13/15, the physician noted that the injured worker participated throughout the program with daily involvement in cognitive behavioral therapy training classes, group therapy, educational lectures and individualized physical therapy sessions. The injured worker reported improved ability to cope with and manage his chronic pain. The injured worker showed improvement in bilateral upper and lower extremity flexion strength and range of motion. The physician noted that he did not anticipate a return to the injured worker's previous employment and that the injured worker would likely require vocational rehabilitation. The physician recommended functional restoration aftercare program to maintain gains achieved during the program. In a PR-2 dated 2/26/15, the injured worker reported that the functional restoration program had aggravated his ankle pain. The physician recommended 18 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ Functional Restoration Aftercare Program (6 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 California Code of Regulations, (Effective July 18, 2009).

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

Decision rationale: The injured worker sustained a work related injury on 5/25/13. The medical records provided indicate the diagnosis of chronic pain syndrome, closed bimalleolar fracture and long-term medication use. The medical records provided for review do not indicate a medical necessity for ██████████ Functional Restoration Aftercare Program (6 sessions). The records indicate the injured worker made some improvement after the 6 weeks of functional restoration program. However, the worker is being considered for acupuncture and surgery after this program. The MTUS recommends against doing Functional Restoration if the injured worker is a candidate for other modalities of treatment like surgery. The treatment is not medically necessary as the MTUS recommends all the guideline criteria for functional restoration must be met before initiating the program; additionally, the MTUS recommends that treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved.