

<b>Case Number:</b>	CM15-0053757		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 57 year old female, who sustained an industrial injury on 01/03/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having acquired deformities of the toe, mechanical complication of internal orthopedic device with implant and graft, and mononeuritis not otherwise specified. Treatment to date has included Functional Restoration Program, magnetic resonance imaging of right ankle, magnetic resonance imaging of right foot, physical therapy, medication regimen, use of a cane, use of heat, use of ice, psychotherapy, pool therapy, and multiple surgeries. In a progress note dated 02/10/2015 the treating physician reports complaints of pain and burning to the left ankle, pain to the left foot, right ankle muscle wasting, atrophy to the right calf muscle, chiropractic therapy, diminished sensation to the right lateral leg above the ankle to the knee, numbness to the right foot, and stabbing, throbbing pain to the heel of the right foot. The documentation provided on 02/10/2015 noted that the injured worker completed a ten week Functional Restoration Program followed by one on one individual psychotherapy, but the medical records provided did not contain a current request for a Functional Restoration Program. A utilization determination from March 2015 non-certified the request for a FRP because there is "no evidence the claimant has disabling pain."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Full functional restoration program, right foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FRP Page(s): 30-34.

**Decision rationale:** Regarding the request for a functional restoration or chronic pain program, California MTUS support these types of programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; 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. Within the medical information available for review, there is documentation of chronic pain and mood disorder. The patient has seen a psychologist, been on antidepressants, and has even participated 10 weeks in a prior pain program that ended in October 2014. There is no clear documentation of functional gains of that program. Regarding pain programs, MTUS guidelines recommend a two-week trial to assess the efficacy of a functional restoration program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The current request for a full program is not medically necessary.