

Case Number:	CM14-0093570		
Date Assigned:	07/25/2014	Date of Injury:	07/16/2012
Decision Date:	06/09/2015	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/19/2014

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: 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:

The injured worker is a 44 year old male who sustained an industrial injury on 7/16/12 after stepping off of a curb and rolling his right ankle experiencing immediate onset of pain and swelling. He was seen in the emergency department where x-rays of the right ankle, tibia and fibula were negative for fractures. He was diagnosed with an ankle sprain. He was discharged with rest, ice, compression, elevation and medication. He was non-compliant with treatment and returned to the emergency department and was given pain medication and crutches and received additional diagnostics which were unremarkable. He currently complains of right ankle foot pain and burning that radiates up to the low back. His pain level (5/27/14) is 9.5/10. He uses a cane for ambulation. His quality of sleep is poor. He needs assistance in completing basic activities of daily living. He can walk around the block but needs to rest after a few minutes of walking. He cannot drive. On physical exam he exhibits significant tactile allodynia, loss of range of motion in his dorsiflexor and hamstring. His medications are Coumadin (non-industrial), Methadone, Norco, and Valium. Diagnoses include right foot complex regional pain syndrome; status post right ankle sprain. Treatments to date include medications; multidisciplinary evaluation; physical therapy which was unhelpful; right leg brace; cane. Diagnostics include x-ray of the right ankle (11/14/12) unremarkable; x-ray of right tibia, fibula (11/14/12) showing no fracture or dislocation; computed tomography of the right foot (10/30/12) showing extensive soft tissue swelling. In the progress note dated 5/27/14, the treating provider's plan of care requests admission to a Functional Restoration Program five days per week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Weeks Of A Functional Restoration Program (5 Days A Week), To Include Up To 90 Hours Of Patient Education And 60 Hours Of Therapeutic Exercise: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Section Page(s): 49.

Decision rationale: The MTUS Guidelines recommend the use of functional restoration program (FRPs) although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs are geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains; therefore, the request for FRP of 6 weeks exceeds the recommendations of the MTUS Guidelines. The request for 6 weeks of a functional restoration program (5 days a week), to include up to 90 hours of patient education and 60 hours of therapeutic exercise is determined to not be medically necessary.