

<b>Case Number:</b>	CM15-0000461		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	09/08/2011
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 (IW) is a 60 year old female who sustained an industrial injury on 09/08/2011. She has reported pain in the left ankle. The diagnoses have included left ankle sprain and strain injury, possible left ankle Achilles tendon rupture, planter fasciitis, myofascial pain syndrome and status post ankle surgery. Treatment to date has included a MRI that was impression of partial tear of the left Achilles and left ankle surgery 02/02/2014. She has had physical therapy that was somewhat successful, but she still experienced pain and discomfort. Currently, the IW complains of left foot pain that radiated down her toes as well as up to her left leg. She walks with a limp, and examination revealed tenderness over the left Achilles, plantar fascia region and lateral ankle ligament. Strength and reflexes were normal. There was a myofascial trigger point about the gastrocnemius region. Plans include a functional restorative program. On 12/23/2014 Utilization Review non-certified a request for 10 Days of functional restorative program Monday through Friday x2 weeks noting the documentation of clinical information did not establish the medical necessity of the request. The MTUS Chronic Pain Guidelines was cited. On 01/02/2015, the injured worker submitted an application for IMR for review of the non-certified item.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 Days of functional restorative program Monday through Friday x2 weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration program Page(s): 49.

**Decision rationale:** The date of injury of her left ankle was 09/08/2011 and she had left ankle surgery on 02/02/2014 (more than a year ago). She completed a post operative physical therapy course of treatment that included home exercise program instruction. MTUS guidelines note that research is still being conducted as to how to screen the patient for inclusion into a functional restorative program. Also, this program is a form of physical therapy and by this point in time relative to the injury and surgery, there is no documentation that any formal therapy program is superior to a home exercise program. By this point in time relative to the surgery she should have been transitioned to a home exercise program.