

Case Number:	CM15-0017537		
Date Assigned:	02/05/2015	Date of Injury:	02/03/2010
Decision Date:	03/30/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/29/2015

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

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 59-year-old male who reported an injury on 02/03/2010. The mechanism of injury was the injured worker was trying to stop a fight between 2 persons when he was attacked behind, grabbed by the neck, thrown to the ground, and sustained a fracture to the left tibial plateau and significant injury to the left ankle and foot. Prior conservative care included medications, Percocet, ice, heat, crutches, knee immobilization, home exercise, modified duty, Motrin, TENS unit, braces, NMES, glucosamine, naproxen, cane, a cortisone injection to the left ankle/subtalar joint, long leg boot, CAM walker, crutches, and cognitive behavioral therapy and biofeedback. The injured worker underwent an extensive left ankle debridement, drilling, or microfracture and debridement of a large osteochondral lesion, arthrotomy with removal of fracture fragment versus accessory tibia, and an endoscopic plantar fasciotomy. The injured worker utilized motion control orthotics. The injured worker underwent an open reduction and internal fixation of the left knee lateral tibial plateau fracture with 2 cannulated screws. The documentation of 01/05/2015 revealed the letter was written in response to a denial of 12/31/2014 for a functional restoration aftercare program times 6 sessions. The injured worker was noted to have completed 6 weeks of a functional restoration program on 12/19/2014 and was compliant with all aspects of treatment and participated in the cognitive behavioral and physical therapy portions of the program with good compliance. The injured worker was noted to have physical improvement with the ability to better tolerate chronic low back and left knee pain. The request was made for an authorization for 6 aftercare sessions. The physical examination revealed the injured worker could ambulate without assistance and the injured worker had an

improvement in the squat to 100% and his lunge percent with the right foot to 90% and left foot to 80%. The documentation indicated the request was made for 6 sessions of aftercare so the gains the injured worker had made could be integrated and internalized in a way that would allow him to continue these successes as he begins to become more engaged in activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Functional Restoration Program (FRPs) Page(s): 49. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM); Foundation Chapters/ Pain, Suffering and the Restoration of Functional Preventing and Managing Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Functional Restoration Program Page(s): 30-32.

Decision rationale: The California Medical Treatment & Utilization Schedule Guidelines indicate that a Functional Restoration program is recommended for patients with conditions that put them at risk of delayed recovery. The criteria for entry into a functional restoration program includes an adequate and thorough evaluation that has been made including baseline functional testing so follow-up with the same test can note functional improvement, documentation of previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, documentation of the patient's significant loss of the ability to function independently resulting from the chronic pain, documentation that the injured worker is not a candidate for surgery or other treatments would clearly be warranted, documentation of the injured worker having motivation to change and that they are willing to forego secondary gains including disability payments to effect this change, and negative predictors of success has been addressed. Additionally it indicates the treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The clinical documentation submitted for review indicated the request was specifically made for 6 sessions of aftercare therapy, not for the functional restoration program itself. The request as submitted was for the functional restoration program. The injured worker had completed 6 weeks of a functional restoration program. Further use of the restoration program would not be supported. Given the above, and the lack of documentation of clarification indicating exceptional factors, the request for a functional restoration program is not medically necessary.