

Case Number:	CM15-0066628		
Date Assigned:	04/14/2015	Date of Injury:	05/10/2012
Decision Date:	05/13/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/08/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 34 year old female who sustained an industrial injury on 5/10/12. She has reported initial complaints of right ankle and foot injuries after twisting the ankle going up stairs and running at work. The diagnoses have included posterior tibial tendon dysfunction, gait instability, plantar fasciitis on the right, low back pain, knee strain and chronic pain syndrome. Treatment to date has included medications, activity modifications, surgery and physical therapy. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the right ankle. Currently, as per the physician progress note dated 3/17/15, the injured worker complains of right ankle pain that was sharp, burning, throbbing and constant. The pain was rated 5/10 on pain scale. She reports difficulty with performing activities of daily living (ADL) and decreased functional tolerance. The objective findings revealed decreased range of motion to the right ankle, there was allodynia to light touch and paresthesias along the medial aspect of the right foot and ankle. The ankle plantar flexion, inversion and eversion testing were pain limited on the right. There was positive sacroiliac joint compression test, positive McMurray's test bilaterally and positive patella compression test bilaterally. The gait was antalgic on the right. The physician noted that she continues to have ongoing issues with gait instability and right foot pain. He also noted that she has failed a surgical procedure and has chronic inflammatory issues along the tendon sheath of the posterior tibial tendon and has not reached her maximum medical improvement. Work status was sedentary with limited walking on uneven surfaces. The physician requested treatment included One Functional Restoration Program Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Functional Restoration Program Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs); Chronic pain programs (functional restoration programs) Page(s): 7-9; 49; 30-34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restorative Guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Functional Restoration Program.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, a functional restoration program is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system. The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; and adequate thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. Negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured worker's working diagnoses are gait abnormality; chronic pain syndrome; internal derangement of knee not otherwise specified; and low back pain. A detailed progress note by the treating orthopedist, dated February 10, 2015, indicated the injured worker needs additional workup. The treating orthopedist felt the injured worker requires an additional 12 to 24 physical therapy sessions; access to a TENS unit; may need a cortisone injection; repeat the MRI of the right ankle; and nerve conduction testing (EMG/NCV). Additionally, the injured worker has been disabled for greater than 24 months. Consequently, absent clinical documentation with additional methods of treating and evaluating chronic pain (supra), a functional restoration program is not medically necessary.