

Case Number:	CM15-0067715		
Date Assigned:	04/15/2015	Date of Injury:	02/27/2013
Decision Date:	05/20/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/09/2015

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

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 37 year old male who sustained an industrial injury on 2/27/13. He has reported initial complaints of twisting his right ankle. The diagnoses have included pain in joint ankle foot status post open reduction internal fixation (ORIF) of the medial malleolus fracture in June of 2013. Treatment to date has included medications, diagnostics, surgery, home exercise program (HEP) and psychiatric care. The diagnostic testing that was performed included x-ray of the right ankle, x-ray of the tibia/fibula, and labs. The current medications included Naproxen and Trazodone. Currently, as per the physician progress note dated 2/27/15, the injured worker complains of constant ongoing pain in the right ankle especially with weight bearing. He also reports problems with sleeping. The objective findings of the right ankle revealed tenderness, pain with dorsi and plantar flexion as well as lateral deviation of the foot. There was also decreased dorsiflexion at 70 degrees. The physician noted that he continues to have right ankle pain and its etiology was unclear. It was noted that they have appealed the initial denial of an evaluation for a functional restoration program as he continues to have difficulty performing activities and pain with driving. The physician requested treatment included One (1) functional restoration program for 160 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) functional restoration program for 160 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

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

Decision rationale: The patient presents right ankle pain. The physician is requesting a 1 Functional Restoration Program for 160 hours. The RFA dated 02/24/2015 shows a request for Initial Evaluation at the Northern California Functional Restoration Program. The patient's date of injury is from 02/27/2013 and he is currently permanent and stationary. The MTUS Guidelines page 30 to 32 recommends Functional Restoration Programs when all of the following criteria are met including: 1. Adequate and thorough evaluation has been made. 2. Previous methods of treating chronic pain had been unsuccessful. 3. Significant loss of the ability to function independently resulting from chronic pain. 4. Not a candidate for surgery or other treatments would clearly be warranted. 5. The patient exhibits motivation change. 6. Negative predictor of success above has been addressed. These negative predictors include evaluation for poor relationship with employer, work satisfaction, negative outlook in the future, etc. The MTUS guidelines page 30 - 33 on chronic pain programs -functional restoration programs- states, "treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function." The records show that the patient has not attended a function restoration program in the past. The 03/17/2015 report is an initial evaluation for an FRP including a psychological assessment for the patient. The patient has had extensive physical therapy, surgery, medical management without significant improvements. He is not a surgical candidate. The patient is unable to return to work since his injury. He is motivated to return to work and the physician has addressed the negative predictors of success including: negative relationship with his employer, negative outlooks, psychosocial distress, etc. In this case, while the required criteria has been addressed, the requested 160 hours exceeds MTUS recommended initial 80 hours for admission to an FRP for a trial. Full 160 hours of FRP is not recommended until 80 hours of FRP with functional improvement. The request is not medically necessary.