

Case Number:	CM15-0077612		
Date Assigned:	04/29/2015	Date of Injury:	10/06/2010
Decision Date:	07/14/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/23/2015

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: 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 (IW) is a 56-year-old male who sustained an industrial injury on 10/06/2010. Diagnoses include reflex sympathetic dystrophy of the lower limb, joint pain-ankle and bilateral chronic plantar fasciitis. Treatment to date has included medications, sympathetic nerve blocks, right foot surgery x two, cognitive behavioral therapy, home exercise program and physical therapy. He reported no relief from the sympathetic nerve blocks. He has also received psychiatric and psychological treatment. He participated fully in the functional restoration program for four weeks while managing flare-ups and was stated to be steadily progressing. According to the Comprehensive Multidisciplinary Progress Report dated 4/2/15 the IW reported shooting pain from the foot up the leg which was present spontaneously and aggravated by walking. He confirmed difficulty getting in and out of his house and climbing up stairs, as well as a few falls getting in and out of the shower. He also complained of back pain and neck pain rated 6-7/10. He walked with the assistance of a cane. On examination, range of motion of the lumbar spine was restricted in all planes with muscle guarding noted. Motor strength of the bilateral lower extremities was 5/5 except 4+ right foot dorsal and plantar flexion. The right foot was positive for decreased sensation along posterior and lateral dermatomes and hyperpathia. Deep tendon reflexes in the bilateral knees and ankles were 1+ and straight leg raise was positive at 30 degrees bilaterally for posterior lateral dermatomes. A request was made for functional restoration program for 10 additional days, for a total of 30 days to escalate functional capabilities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program x 10 additional days, total of 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Chronic pain programs (functional restoration programs).

Decision rationale: The Official Disability Guidelines stipulate that total treatment duration should generally not exceed 20 full-day (160 hours) sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). Treatment duration in excess of 160 hours requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans explaining why improvements cannot be achieved without an extension as well as evidence of documented improved outcomes from the facility (particularly in terms of the specific outcomes that are to be addressed). The patient has already completed 20 days within the program. Functional restoration program x 10 additional days, total of 30 days is not medically necessary.