

Case Number:	CM15-0093498		
Date Assigned:	05/19/2015	Date of Injury:	07/05/2014
Decision Date:	06/19/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/14/2015

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 36 year old, female who sustained a work related injury on 7/5/14. She twisted her right ankle coming down some stairs. The diagnoses have included pain in ankle joint, right ankle sprain and rule out traumatic neuropathy. Treatments have included physical therapy, home exercises, medications and steroid injections into right ankle. In the supplemental report dated 4/3/15, the injured worker complains of pain in her right ankle that radiates to right calf and right knee. She states the pain has improved since she no longer has to stand for long periods of time. The range of motion in right ankle is within normal limits with passive motions. Inversion of the right ankle is painful. She has tenderness to palpation to right ankle joint. The treatment plan includes a referral for an initial evaluation for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial evaluation for Functional Restoration Program (right ankle): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program (FRPs) Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (chronic) Functional Restoration Program (FRPs).

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, an initial evaluation for functional restoration program right ankle 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; an 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. The 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 diagnosis is pain in foot, ankle foot. The injured worker sustained a right ankle sprain July 5, 2014. The injured worker underwent extensive treatment including physical therapy, medications, EMG, home exercise program, and the steroid injection to the ankle. The injured worker discontinued non-steroidal anti-inflammatory due to stomach irritation and is using a topical non-steroidal anti-inflammatory. The MRI of the ankle was negative. Subjectively, the injured worker complains of persistent right ankle pain. The injured worker can walk one quarter of a mile. There is pain anterior to the lateral malleolus that radiates into the right lateral calf. Objectively, the gait is antalgic. Strength is normal. Documentation, in the treatment plan, state there is no convincing weakness at this time. There is no documentation indicating functional deficit that requires enrollment in a functional restoration program. Consequently, absent clinical documentation with subjective and objective functional deficits after approximately 12 months of conservative treatment with a negative MRI of the right ankle, an initial evaluation for functional restoration program right ankle is not medically necessary.