

Case Number:	CM15-0097852		
Date Assigned:	05/28/2015	Date of Injury:	07/05/2014
Decision Date:	06/29/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/20/2015

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: Massachusetts Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 an industrial injury on 07/05/2014. Mechanism of injury occurred when she was coming down the stairs and twisted her foot and ankle at the last step. She described inversion, plantar flexion, dorsi flexion and eversion. Diagnoses include right foot and ankle sprain. Treatment to date has included diagnostic studies, medications, physical therapy, splints, corticosteroid injections to the right ankle, ice and a home exercise program. She presently is not working. There is documentation present in a physician progress note that the injured worker had a Magnetic Resonance Imaging of the right ankle done on 08/04/2014 which did not show any evidence of occult fracture, there is a subcortical cyst in the plantar aspect of the lateral cuneiform, which is likely degenerative. In a physician progress note dated 04/02/2015 there is documentation of an Electromyography was done and revealed right sural sensory neuropathy. A physician progress note dated 04/23/2015 documents the injured worker complains of pain in her right ankle with radiation to the right calf and right knee. On examination there was no evidence of edema or erythema. Range of motion of the right ankle was within normal limits passively. Inversion of the right ankle was painful. Palpation of the deltoid muscle and anterolateral aspect of the ankle joint was tender. There was pain inferior to the medial malleolus of the right ankle. Gait is slightly antalgic. Her right calf was slightly tender. Strength is slightly diminished with extension of the right great toe and right ankle dorsiflexion. There is pain associated with resistance to strength. Sensory exam is within normal limits. The injured worker reports she continues to have functional deficits due to pain. Treatment requested is for initial evaluation at the [REDACTED] 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 at the [REDACTED] functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (functional restoration programs), (2) Functional restoration programs Page(s): 30-32, 49.

Decision rationale: The claimant sustained a work-related injury in July 2014 and continues to be treated for chronic right ankle pain. When requested, treatments had included medications, physical therapy, and injections. She was no longer working. She was in no acute distress. There was pain with ankle range of motion and ankle tenderness. There was slightly decreased strength and a slightly antalgic gait. A functional restoration program can be recommended for selected patients with chronic disabling pain. In this case, the documentation submitted does not support the presence of chronic disabling pain. The claimant has minimal evidence of impairment. Further treatments such as ankle bracing and physical therapy would be expected to improve her mild ankle weakness. Use of a BAPS board could be considered. If her functional capacity is at issue, a quality functional capacity evaluation might help to clarify her work abilities. The requested functional restoration program evaluation is not medically necessary.