

<b>Case Number:</b>	CM14-0009300		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	12/02/2009
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 40-year-old female with date of injury of 12/02/2009. The listed diagnoses dated 07/15/2013 are: Pain in joint, ankle, foot, Major depression, single episode, Anxiety state not otherwise specified, Unspecified major depression, recurrent episode, and Pain psychogenic NEC. The functional restoration program report dated 12/16/2012 to 12/20/2013 show that the patient maintained an active participation in physical therapy despite intermittent exacerbations of painful symptoms and demonstrated improvements in her functional abilities. She is also able to relax and improve pain coping skills through cognitive behavioral interventions and reduce symptoms of depression, anxiety, and insomnia by utilizing cognitive behavioral techniques and other strategies learned at [REDACTED] FRP. The patient is also able to tolerate maintenance of her medication regimen despite increasing activity levels and has become proficient in an individualized home exercise program designed to improve her functional abilities in the left ankle. She has increased her social contact and reduced social isolation through participation in group classes and therapy sessions and she plans to further develop her future plans including increased engagement in her community. The utilization review denied the request on 12/31/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**[REDACTED] FUNCTIONAL RESTORATION PROGRAM X 6**  
**SESSIONS AFTERCARE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Functional Restoration.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Functional Restoration Programs (FRPS), Page(s): 49.

**Decision rationale:** This patient presents with chronic left ankle pain. The treater is requesting 6 sessions of aftercare through the [REDACTED] Functional Restoration Program. The MTUS Guidelines page 30 to 33 on chronic pain programs (Functional Restoration Programs) states, "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. The patient should also be motivated to improve and return to work, and meet the criteria outlined below. An adequate and thorough evaluation has been made, including baseline functional testing. Previous methods of treating chronic pain have been unsuccessful. The patient has significant loss of ability to function independently resulting from chronic pain. The patient is not a candidate where surgery or other treatments would clearly warranted. The patient exhibits motivation to change, and is willing to forego secondary gains, including disability payments to effect this change. Negative predictors of success above have been addressed. These negative predictors include evaluations for poor relationship with employer, poor work satisfaction, negative outlook in the future, etc. Furthermore, total treatment duration should generally not exceed 20 full day sessions. Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer duration requires individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function." The report dated 12/16/2013 to 12/20/2013 shows that the patient has completed a 6-week program with a cumulative 160 hours of sessions. In this same report, the treater documents, "In order to continue to succeed in making the transition to holistic wellness and maintaining the gains obtained during the [REDACTED] FRP treatment program, aftercare is recommended to bridge the transition from [REDACTED] FRPs intensive daily program to the stage following completion of the program.... Furthermore, aftercare is highly recommended to help with the successful transition back to full functionality in all activities of daily living and gainful employment." The report dated 12/20/2013 by [REDACTED] documents, "At the end of 6 weeks, [the patient] demonstrated an ability to actively participate and benefit. Prior to admission, she was struggling with significant symptoms of anxiety and depression. By the end of the program, we did observe a 75% reduction in these symptoms we do believe that she has transitioned to permanent and stationary status, we are referring her back to her PTP, [REDACTED] [REDACTED] for a final determination. She has embarked on a return to work by going to school to get retraining which will facilitate her eventual return to the work force." In this case, the patient has already completed a 20-day treatment program with a total number of hours of 160. Extension of treatment requires a clear rationale for the specified extension and reasonable goals to be achieved as well as individualized care plans and proven outcomes and other known risk factors for loss of function. In this case, the treater fails to document reasonable goals to be achieved including an individualized care plan and proven outcome as required the MTUS Guidelines. Furthermore, the document shows that the patient has achieved a 75% reduction of her symptoms and is in the process of being permanent and stationary. Recommendation is for denial.

