

<b>Case Number:</b>	CM13-0004329		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	02/09/2013
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	07/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2013

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of February 9, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; attorney representation; and unspecified amounts of physical therapy. In a Utilization Review Report of July 19, 2013, the claims administrator partially certified a baseline work capacity evaluation/functional capacity evaluation and denied 40 hours of work hardening. The claims administrator stated that approval of the work hardening program would be contingent on the results of the work evaluation/functional capacity testing. The applicant's attorney subsequently appealed. An April 9, 2013 progress note is notable for comments that the applicant is a car dealer at Bay 101 Casino who had his ankle run over by a car in a parking lot. In an office visit of July 2, 2013, the claimant was described as having persistent ankle pain and stiffness with limited range of motion noted about the same. It was stated that the claimant had failed physical therapy and home exercises. It was stated that the claimant consider a work hardening program and/or precursor work capacity evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 BASELINE WORK CAPACITY EVALUATION LEFT ANKLE TEN (10) 4 HOUR WORK HARDENING SESSIONS LEFT ANKLE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125.

**Decision rationale:** The Expert Reviewer's decision rationale: As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of a work hardening program is evidence that an applicant has had a precursor FCE or work capacity evaluation which demonstrates functional limitations precluding an applicant's ability to safely achieve current job demands. In this case, however, the attending provider has not clearly stated why the applicant cannot return to his former work as a car dealer. The applicant had not completed the precursor work capacity evaluation/functional capacity evaluation as of the date the work hardening course was requested. It was not clearly stated or suggested that the applicant had a clearly defined return to work goal and/or had a job to return to. Therefore, the request is not certified as several MTUS criteria for pursuit of work hardening have not been met here.