

Case Number:	CM13-0025753		
Date Assigned:	12/11/2013	Date of Injury:	02/13/2013
Decision Date:	01/29/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation; Sports Medicine and is licensed to practice in New York and Texas. 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 physician 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 61-year-old male who reported an injury on 02/13/2013 where it was noted the patient missed the last step while carrying a heavy wardrobe down the stairs and fell on his right foot. The patient was noted to have 6 sessions of postoperative physical therapy for a tear to the right Achilles tendon. The patient's diagnoses were noted to include ruptured Achilles tendon, pain in joint lower leg, sprain/strain lumbar region. The request was made for Work Hardening Ten, 4 hr. sessions 97645, 97546, 99199.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening Ten, 4hr. Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Page(s): 125.

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

Decision rationale: California MTUS Guidelines recommend work hardening when a patient has functional limitations precluding their ability to safely achieve their current job, after treatment with an adequate trial of physical therapy or occupational therapy with improvement followed by plateau. The clinical documentation submitted for review indicated the patient was

still undergoing physical therapy as of 11/15/2013 and therefore, it failed to provide the necessity for work hardening. Additionally, there was a lack of documentation indicating the rationale for the work-hardening program. Given the above, the request for Work Hardening Ten, 4 hr. sessions 97645, 97546, 99199 is not medically necessary.