

Case Number:	CM13-0042170		
Date Assigned:	12/27/2013	Date of Injury:	05/23/2013
Decision Date:	06/03/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/17/2013

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 Physical Medicine & Rehabilitation 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 underlying date of injury in this case is 05/23/2013. The treating diagnoses include right foot fracture, tendinitis and bursitis of the right foot, tarsometatarsal sprain, and right foot postsurgical aftercare. On 10/10/2013, the treating orthopedic surgeon submitted an appeal regarding a prior physician review which noncertified the request for work-hardening and a functional capacity evaluation. Whereas a prior reviewer opined that a functional capacity evaluation was not indicated without additional information regarding the patient's vocational history, the treating physician noted that it was important to have functional measures which could be performed repeatedly over the course of treatment to demonstrate improvement in functional. The treating provider additionally noted that the patient last worked on 05/23/2013 Final Determination Letter for IMR Case Number CM13-0042170 3 and that the patient was to start a work-hardening program and required a functional capacity evaluation prior to the work-hardening program. The treating provider noted that the patient improved with past treatment but was not ready to return to work at a physically demanding job requiring him to cut and weld tubes and plates of steel used to make foundations of buildings. The goal of the work-hardening program was intended to improve the patient's ability to perform work duties involving bending, stooping, and standing.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Work conditioning/work hardening Page(s): 125.

Decision rationale: The MTUS Chronic Pain Guidelines' section on work conditioning/work hardening, discusses criteria for admission to a work-hardening program. The MTUS Chronic Pain Guidelines states that a patient may be a candidate for a work-hardening program or work conditioning program if the patient has plateaued in prior treatment and if a functional capacity evaluation shows consistent results with maximal effort demonstrating capacities below an employer-verified physical demands analysis for a job in the medium or higher demand level. At this time the medical records discuss the patient's proposed occupation in general terms; however, an employer-verified physical demands analysis has not been provided or discussed. Therefore, at this time it would not be possible to accurately perform a functional capacity evaluation. The request is not medically necessary and appropriate.

SIX (6) WORK CONDITIONING/HARDENING SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Work conditioning/work hardening Page(s): 125.

Decision rationale: The MTUS Chronic Pain Guidelines' states that a patient may be a candidate for a work-hardening program or work conditioning program if the patient has plateaued in prior treatment and if a functional capacity evaluation shows consistent results with maximal effort demonstrating capacities below an employer-verified physical demands analysis for a job in the medium or higher demand level. According to the MTUS Chronic Pain Guidelines, a functional capacity evaluation report would need to be reviewed before a work-hardening program could be confirmed or planned. Since the request for a functional capacity evaluation is not medically necessary and appropriate, the associated request for 6 work conditioning sessions is also not medically necessary and appropriate.