

Case Number:	CM13-0051512		
Date Assigned:	12/27/2013	Date of Injury:	05/24/2011
Decision Date:	08/11/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/14/2013

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 injured worker is a 52-year-old male who reported an injury on 05/24/2011. The mechanism of injury was not provided. Prior therapies included physical therapy. The documentation of 10/22/2013 revealed the injured worker had a left Lisfranc dislocation and received surgical intervention. It was indicated the injured worker underwent 4 procedures. The injured worker, on the date of examination, had complaints of 5/10 discomfort. The injured worker reported pain and swelling around the ankle region which continued to improve. The injured worker had a Functional Capacity Evaluation a few days prior to the examination and was found to be able to meet a moderate activity PDL. Work conditioning was recommended. The physical examination revealed passive dorsiflexion of 20 to 25 degrees, and active plantarflexion of 35 to 40 degrees, along with active inversion of 25 to 30 degrees. The strength was 5/5. The injured worker had stiff medial column motion. The diagnoses included left closed dislocation tarsal/metatarsal, left malunion fracture and left metatarsalgia. The treatment plan included work conditioning 2 to 3 times a week x6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK CONDITIONING THREE (3) TIMES A WEEK FOR SIX (6) WEEKS FOR THE LEFT FOOT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126. Decision based on Non-MTUS Citation

Non-MTUS Official Disability Guidelines (ODG), Physical Medical Guidelines-Work Conditioning.

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

Decision rationale: The California MTUS Guidelines recommend work conditioning for 10 visits over 8 weeks. The documentation indicated the injured worker had undergone a Functional Capacity Evaluation in which he was revealed to have a medium PDL. The clinical documentation submitted for review failed to indicate a necessity for 18 weeks of therapy. However, there was a lack of documentation indicating exceptional factors to warrant nonadherence to guideline recommendations for a total of 10 visits. Given the above, the request for work conditioning, 3 times a week for 6 weeks for the left foot, is not medically necessary.