

Case Number:	CM13-0055811		
Date Assigned:	12/30/2013	Date of Injury:	11/12/2012
Decision Date:	05/19/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/21/2013

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 Orthopedic Surgery, 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 claimant, a 58-year-old gentleman, sustained an injury to his right ankle on November 12, 2012, while pulling a pallet. The injury was initially diagnosed as a strain and treated conservatively. An August 21, 2013, clinical assessment documented continued ankle tenderness laterally, as well as over the navicular and metatarsals diffusely. The report noted that, following the injury, the claimant was treated with significant conservative measures, including chiropractic care, a significant course of physical therapy, work modification, immobilization and six sessions of work hardening. The records reported that the patient underwent an August 8, 2013, MRI scan of the ankle, showing mild tenosynovitis of the posterior tibialis tendon with plantar and dorsal heel spurring, as well as osteoarthritis of the talonavicular joint. Additional clinical records, including documentation of any prior surgery, were not referenced. This request is for 10 additional sessions of work hardening for the ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL CONCURRENT REQUEST FOR TEN VISITS OF WORK HARDENING, FIVE TIMES TWO TIMES A WEEK FOR THE RIGHT ANKLE WAS NON CERTIFIED: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening, Criteria for admission to a Work Hardening Program Page(s): 125-126.

Decision rationale: The California MTUS Chronic Pain Guidelines do not support 10 additional sessions of work hardening in this case. Chronic Pain Guidelines recommend up to 10 total work hardening sessions over an eight-week period for individuals who are not considered candidates for surgical intervention or in whom treatment with other modalities would clearly be warranted to improve function. This individual has already undergone six sessions of work hardening. The additional ten sessions, in combination with the prior sessions, would exceed allowable Chronic Pain Guidelines by six and, therefore, would not be indicated as medically necessary.