

Case Number:	CM14-0006138		
Date Assigned:	03/03/2014	Date of Injury:	07/02/2012
Decision Date:	06/30/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/16/2014

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 Podiatric Surgery and is licensed to practice in New York. 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:

According to the enclosed information, this patient was first injured on 7/2/2012. The patient is a Mason, who fractured his ankle after stepping down into a hole from a ladder. Records demonstrate that on 7/5/2012 he underwent open reduction internal fixation of fractures and then subsequent physical therapy. On 6/17/2013 the patient's primary orthopedic surgeon wrote an RX for PT 2x4 wk, work hardening program. On 8/7/2013 the patient was seen for complaints of a constant dull ache to the right ankle. He states that the pain is most noticeable when he is walking on uneven surfaces or standing for a couple of hours. He admits to a click to the ankle when it moves. There is also a sharp pain that radiates into the right inner shin area. The pain is a constant 5 out of 10, sharp, and shooting. There is right leg swelling after prolonged use. Physical exam reveals right lower leg edema with tenderness over palpation to the hardware right side. The patient's gait is antalgic with decreased sensation over surgical site. X-rays taken this day reveal hardware intact right ankle, good mortise space, and joint space maintained. Jobst stockings were recommended. On 11/13/2013, the records again show that a work hardening program was again recommended for this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK HARDENING PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria For Admission To A Work Hardening (WH) Program

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Work Hardening Program Criteria.

Decision rationale: After careful review of the enclosed information and the ODG guidelines involved in this case, the request for a work hardening program is not medically reasonable or necessary for this patient at this time. While it is true that this patient has received a recommendation and a prescription for a work hardening program, he does not appear to meet the ODG criteria for admission into a work hardening program. First and foremost, the patient has not received a functional capacity evaluation (FCE) which is necessary for entrance into a work hardening program. There are no documented return to work plans, nor has the patient demonstrated any drug problems in which he would need psychological help for. This patient has not demonstrated any mental health issues that would be criteria in a work hardening program. Finally, there is no screening evaluation or explanation of job demands that would allow patient to enter into a work hardening program. The patient has obviously suffered with a significant fracture to his ankle joint, and is currently recovering. He has noted metal fixation devices in his ankle. It is not clear as to whether the patient has the potential to benefit from this program, which is also an admission criterion. Therefore, the request is not medically necessary at this time.