

Case Number:	CM14-0007150		
Date Assigned:	02/07/2014	Date of Injury:	11/12/2012
Decision Date:	06/23/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/19/2014

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 Occupational Medicine 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 patient is a 58-year-old male who has filed a claim for ankle enthesopathy associated with an industrial injury date of November 12, 2012. Review of progress notes indicates moderate to severe right ankle and foot pain radiating into the right leg, accompanied by numbness. Findings include tenderness and spasm to the right lateral malleolus, navicular, and metatarsals. Valgus and varus tests were positive on the right. MRI of the right ankle from October 2013 showed healed fracture of the calcaneus, posterior tibialis tenosynovitis, tendinosis of the Achilles tendon at the insertion, and a calcaneal spur. MRI of the right foot showed mild third metatarsal bursitis and valgus deformity of the first metatarsophalangeal joint. Right foot x-ray from October 2013 showed early degenerative arthrosis. Treatment to date has included NSAIDs, opioids, physical therapy, and work hardening visits. Utilization review from January 07, 2014 denied the request for work hardening visits for the right ankle, 5 visits per week for 2 weeks, as there is no documentation containing the degree of specificity in terms of the particular vocational tasks, which the patient requires to return to an identifiable job, and the specific quantifiable functional goals for work hardening.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 WORK HARDENING VISITS FOR THE RIGHT ANKLE, 5 VISITS PER WEEK FOR 2 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 125-126.

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines pages 125-126, criteria for admission to a work hardening program includes work-related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, after treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau; not a surgical candidate; a defined return to work goal agreed by the employer and employee; no more than two years past date of injury; and upon completion of a rehabilitation program. ODG recommends 10 visits over 8 weeks. As per progress notes from November 2013, this patient completed 8 sessions of work hardening, with improvements including increased activities of daily living, decreased visual analog scale rating, and increased range of motion. According to the requesting physician, the goals of the next sessions of work hardening are to increase the patient's work capacity and activities of daily living, decrease the work restrictions, decrease the need for medication, decrease the visual analog scale rating, decrease swelling, and increase measured active range of motion. However, there is no documentation regarding an unlikely possibility to benefit from continued physical therapy as progress notes indicate the necessity for a conservative therapy program. Also, there is no documentation regarding a return-to-work goal between the employer and the patient. Patient has already gone through a course of work hardening, and a re-enrollment or repetition of a similar rehabilitation program for the same condition is not recommended. Therefore, the request for 10 work hardening visits for the right ankle was not medically necessary per the guideline recommendations of CA MTUS.