

Case Number:	CM14-0106191		
Date Assigned:	09/16/2014	Date of Injury:	06/23/2011
Decision Date:	11/12/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 57-year-old female who reported an injury on 06/23/2011 after stepping into a crack in a cement floor. The injured worker reportedly sustained an inversion injury to her left ankle. The injured worker's treatment history included physical therapy, corticosteroid injections, medications, a home exercise program, and surgical intervention. The injured worker was evaluated on 05/14/2014. It was documented that the injured worker had constant left ankle pain with objective findings to include left ankle weakness. The injured worker's diagnoses included left ankle tendinitis and history of gastritis. A request was made for work hardening 2 times a week for 4 weeks for the left ankle to increase tolerance for working. It was noted that the injured worker would return to work on 05/14/2014 for modified work duty. A Request for Authorization form was submitted to support the request on 07/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening for return to work (RTW) at 2 times a week for 4 weeks to the left ankle:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Medicine Guidelines - Work Conditioning

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

Decision rationale: The requested work hardening for return to work at 2 times a week for 4 weeks to the left ankle is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends a work hardening program for appropriately identified patients who have undergone a Functional Capacity Evaluation and identified physical limitations that would benefit from an intense multidisciplinary approach. The clinical documentation submitted for review does not provide a recent Functional Capacity Evaluation to support the need for a work hardening program. Additionally, it is noted that the injured worker would return to work with modified work duties. There is no documentation of failed return to work attempts. As such, the requested work hardening for return to work at 2 times a week for 4 weeks to the left ankle is not medically necessary or appropriate.