

Case Number:	CM14-0150886		
Date Assigned:	09/19/2014	Date of Injury:	06/22/2012
Decision Date:	11/21/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/16/2014

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 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:

58 year old female flight attendant recognized as having a work-related cumulative trauma injury to her right foot on 22 Jun 2012. She was diagnosed with hammer-toe, bunion and deep vein thrombosis (DVT) (11 Mar 2014). Presently she is improving and can now weight-bear up to 4 hours. Examination in Aug 2014 noted normal gait and the ability to stand on her toes with minimal discomfort. Her right foot still has some swelling between first and second metatarsals with minimal tenderness but no pain on compression testing. There is limited range of motion to extension of her first and second toes. Multiple leg ultrasounds showed a DVT in her right leg with the most recent exam showing resolution of the DVT. Treatment has included right foot surgery (Aug 2013), compressive stockings right leg, medications (Norco, Lovenox, Coumadin and Tramadol). Her present medications are Aleve and Tramadol used only on an as needed basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning for right foot 6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning Page(s): 126.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and

Management, Chapter 14 Ankle and Foot Complaints Page(s): 5, 11, 15-16; 48; 77, 92; 374, Chronic Pain Treatment Guidelines Part 2 Page(s): 125-126.

Decision rationale: The ACOEM guidelines suggest work hardening training after prolonged inactivity and for reconditioning after absence from work in order to prevent re-injury. Furthermore, the data suggests the longer the individual is off work the less effective this training becomes. For this patient, even though there is no mention of the physical requirements of her job, it is common knowledge that a flight attendant's job is not a sedentary job and will require prolonged periods of weight-bearing activities. Even when one considers that she has been off work for more than a year, her present improvement in weight bearing activities up to 4 hours suggests the personal motivation required to get back to work. In light of this, work hardening training makes sense and would be indicated to expedite returning this individual to the workforce. Therefore this request is medically necessary.