

<b>Case Number:</b>	CM14-0156920		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	05/07/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 37 year old male with an injury date of 05/07/13. Per the 09/15/14 report by [REDACTED] the patient presents with pain and swelling in the right leg post 05/12/14 surgery to remove tibial hardware. The patient also reports increased swelling of the ankle from using the ACL brace. The patient is noted to be off duty on disability. Examination of the right leg reveals the distal medial interlocking screw incision to be clean and dry with minimal surrounding erythema. There is minimal tenderness to palpation around the incision. The patient's diagnoses include: 1. Right medial ankle wound infection. The utilization review being challenged is dated 09/17/14. Reports were provided from 08/08/13 to 09/15/14. 2. Improved right shoulder strain (07/31/14 report) 3. Right knee ACL insufficiently post arthroscopy (date unknown) (07/31/14 report)

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work hardening 20 sessions 5T/4W:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126.

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

**Decision rationale:** The patient presents with pain and swelling in the right leg post 05/12/14 surgery to remove tibial hardware. The treater requests for Work hardening program 20 sessions 5x4 weeks. MTUS page 125 states Work conditioning, work hardening programs are recommended as an option depending on the the availability of quality programs. Criteria for admission to Work Hardening Program include (2) "After treatment with an adequate trail of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continue physical or occupational therapy."; ( 3), "Not a candidate where surgery or other treatments would clearly be warranted to improve function."; (5), a documented specific job to return to; and (6), "Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program.Regarding criteria number 2 above, the 08/14/14 report states it is recommended the patient continue physical therapy; therefore, it appears the treater intends benefit to the patient with this treatment. Regarding criteria number 3 above, the report further states that a 6 month post-operative period of rehabilitation is needed before considering ACL reconstruction. An arthroscopy (date unknown) is discussed in the reports provided. It appears the patient may be a candidate for surgery. Finally, there is no documentation that the patient has a job to return to. In this case, there is not sufficient documentation this patient meets the criteria for admission to the program as required by MTUS. Recommendation is for denial.