

<b>Case Number:</b>	CM14-0031951		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/11/2010
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 24-year-old female who reported an injury on 08/11/2010. The mechanism of injury was not provided within the medical records. The clinical note dated 02/25/2014 indicated diagnoses of status post partial osteoectomy of medial malleolus and arthrotomy of the right ankle, pes planus of the right foot, status post open reduction internal fixation right medial malleolus, right medial malleolus displacement, postraumatic arthritis tibolateral joint, deltoid ligament strain and posterior tibialis strain. The injured worker reported pain to the ankle that varied. She reported after walking for about 30 minutes, the pain was 7 out of 10 with persistent catching, popping and stiffness of the ankle. The injured worker reported grinding sensation when flexing and extending the right ankle. On physical examination of the ankle/feet, the injured worker ambulated with an antalgic gait. There was atrophy of the right foot that supported musculature to the lower ankle. The injured worker had ongoing tightness along the Achilles and gastroc soleous complex. The injured worker had tenderness along the medial side of the right ankle. The injured worker's ankle dorsiflexion was 4- , plantar flexion was 3+ , inversion 4- , and eversion 4-. The injured worker's range of motion was limited, dorsiflexion was 10 degrees with pain, plantar flexion was 35 degrees with pain, eversion was 10 degrees with pain, inversion was 15 degrees with pain. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy and medication management. The provider submitted a request for work hardening. A Request For Authorization dated 10/25/2013 was submitted for work hardening, however, a rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work Hardening three times a week for four weeks to the right ankle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for Work Hardening three times a week for four weeks to the right ankle is not medically necessary. The California MTUS guidelines recommend a work conditioning, work hardening as an option, depending on the availability of quality programs. Work injuries with conditions of musculoskeletal functional limitations that hinder the injured worker's ability to safely do the demands of their current job, can be considered for a work hardening program. An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). Work hardening programs begin consideration after treatment with physical or occupational therapy with improvement followed by plateau. Also, if the injured worker would no longer benefit from continued PT/OT, or general conditioning. The injured worker must be physically and medically stable for a progressive reactivation and participation in a work hardening program. The injured worker must be able to participate for a minimum of 4 hours a day for 3 days to 5 days a week. A defined goal documented and agreed upon by both, the employee and employer. The document must be specific to the injured worker's job demands, the requirements that exceed the injured worker's abilities, and/or on-the-job-training documentation. The injured worker must be able to benefit from the program by improving functionally and psychologically. The worker must be screened, to include: review, interview, and tested to determine the likelihood of success; prior to approval in a work hardening program. The worker must be no more than 2 years past date of injury. Workers that have not returned to work by 2 years post injury may not benefit. Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less. Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. There is lack of a functional capacity evaluation showing consistent results with maximal efforts. In addition, it was not indicated if the injured worker had completed physical therapy with improvement followed by plateau or injured worker had failed at physical therapy; moreover, the injured worker reports pain 7 out of 10. It is not indicated if the injured worker is physically stable for progressive reactivation and participation into the work hardening program. Furthermore, the request did not indicate the hours of the week; therefore, the request for work hardening is not medically necessary.