

<b>Case Number:</b>	CM14-0046013		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	11/14/2013
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 records presented for review indicate that this 30-year-old female was reportedly injured on November 14, 2013. The mechanism of injury is noted as running and falling. The most recent progress note, dated March 4, 2014, indicates that there are ongoing complaints of right foot pain. Diagnostic imaging noted a closed right fifth metatarsal fracture and possible fourth metatarsal fracture. The physical examination stated that the injured employee was in a cast and using a wheelchair, but apparently this is actually a removable brace. Tenderness over the right lateral foot was noted. A request was made for work conditioning and was not certified in the pre-authorization process on April 8, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work conditioning (Qty 18):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.2 9792.26 MTUS (Effective July 18, 2009) Page 125 of 127 Page(s): 125 OF 127.

**Decision rationale:** According to the available medical record the injured employee is still recovering from fracture of the right foot and has not yet completed physical therapy. Considering this, it is unclear why a work conditioning program is requested as the injured employee may very well recover with good function after completing physical therapy. For this reason, this request for 18 visits of work conditioning is not medically necessary.