

<b>Case Number:</b>	CM14-0060295		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	04/25/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 is licensed to practice in Nevada. 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 37-year-old individual was reportedly injured on April 5, 2012. The mechanism of injury was noted as a minor blunt force of trauma when a device fell onto her foot. The most recent progress note, dated March 19, 2014, indicated that there were ongoing complaints of left foot and ankle pain, left knee and right knee pain, and lumbar spine pain. The physical examination demonstrated 3+ muscle spasm in the lower lumbar region, a decreased lumbar spine range of motion, tenderness to palpation the bilateral wrists and a decreased range of motion. There were muscle spasm and tenderness in the bilateral knees reported. Diagnostic imaging studies were not presented. Previous treatment included medications, chiropractic care, physical therapy, injection therapy, electro stimulation and chronic pain management. A request had been made for physical medicine program, work hardening screening, functional capacity evaluation, psychosocial factors screening and was not certified in the pre-authorization process on March 28, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUED PHYSICAL MEDICINE PROGRAM (LEFT ANKLE) ( 1x6): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Passive therapy, physical medicine guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**Decision rationale:** As outlined in the ACOEM guidelines, physical therapy of the ankle is indicated for acute injury. Multiple sessions of physical therapy have been completed. Furthermore, when noting the findings on physical examination, there is no indication for any additional follow-up physical therapy or any additional rehabilitation that can be completed with a home exercise protocol. As such, the medical necessity for this intervention has not established.

**WORK HARDENING SCREENING (LEFT ANKLE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work hardening. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Physical medicine guidelines-work conditioning

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125.

**Decision rationale:** MTUS guidelines support work conditioning and hardening programs in selected patients who have a work related musculoskeletal condition with functional limitations precluding ability to safely achieve a physically demanding job, after treatment with physical or occupational therapy with improvement followed by a plateau. Patients should not be a candidate for surgery or other treatments that would clearly be warranted, less than 2 years past the date of injury. Furthermore, the injured employee would be required to meet selection criteria per MTUS treatment guidelines. Review of the available medical records fails to document that the criterion noted in the MTUS are not met. Accordingly, this request cannot be deemed medically necessary.

**FUNCTIONAL CAPACITY EVALUATION (Left ankle):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines-Treatment in Workers Compensation) Fitness for Duty Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 49.

**Decision rationale:** When noting the date of injury, the reported mechanism of injury, the treatment rendered and the current physical examination, there is no clinical indication to establish the ability to work relative to the ankle injury. ACOEM practice guidelines support the use of functional capacity evaluations (FCE) when necessary to translate medical evidence of functional limitations to determine work capability. The ODG details the recommendation to consider a FCE if the patient has evidence of prior unsuccessful return to work attempts or there is conflicting medical reporting on precautions and/or fitness for a modified job or if the patient's

injuries are such that require a detailed exploration of the worker's abilities. As such, the guideline criteria has not been met, and this request is not considered medically necessary.

**PSYCHOSOCIAL FACTORS SCREENING (due to left ankle injury): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102.

**Decision rationale:** MTUS guidelines support psychological evaluations for chronic pain to help determine if further psychosocial interventions are indicated to allow for more effective rehabilitation. Review of the available medical records fails to document a reason to refer the claimant for a psychological evaluation. Furthermore, there is no documentation of a diagnosis of mental illness. As such, this request is not considered medically necessary.