

<b>Case Number:</b>	CM14-0075806		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/19/2012
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Alabama, New York, and Maryland. 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 a 48 year old male who sustained an injury on 12/19/2012. The mechanism of injury is unknown. The patient underwent removal of 11 syntheses locking screws with bone calcaneal fracture locking plate, right heel on 12/19/2013. There are no diagnostic studies for review. Progress report dated 05/06/2014 documented the patient to have complaints of bilateral calcaneal pain. He reported pain with walking. He denied numbness and tingling. Objective findings on exam revealed range of motion of the ankle is slightly restricted secondary to pain. The gait is antalgic. Distal neurovascular is intact. Diagnosis is bilateral calcaneal fractures which are noted to be improving. Physical therapy /work hardening have been recommended for this patient and he was placed on modified duty. Prior utilization review dated 05/15/2014 states the request for Work Hardening, three (3) times a week for four (4) weeks for Bilateral Ankles is denied as there is are no indications warranting this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work Hardening, three (3) times a week for four (4) weeks for Bilateral Ankles:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work hardening program Page(s): 125.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126.

**Decision rationale:** The CA MTUS CPMT guidelines recommend that programs such as work hardening therapy includes that: the injury must be a work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which requires high body demand. In addition, a functional capacity evaluation may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis. We do not see in this patient's medical records that an FCE was performed. There is also a document by a physician that patient could return to full duty work. On the other hand, the occupational medicine doctor indicates in his note that the patient is unable to properly walk or stand but does not indicate that this truck driver is unable of driving. In addition to the above, the request does not indicate why the patient would need/or benefit from more therapy and there is a lack of goals or instructions for the therapy requested. Based on the CA MTUS CPMT guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.