

<b>Case Number:</b>	CM15-0005053		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	10/06/2011
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This male was injured 10/6/11. The mechanism of injury was not clear. Currently the injured worker is experiencing continued complaints of left foot pain with pain intensity of 4-5/10. Since his Plantar Fascia release he feels slight improvement of the left foot. He has not had physical therapy but does perform home exercises. Diagnoses include sprain/ strain of the left foot; traumatic chronic resistance plantar fasciitis; status post Plantar Fascia release (8/22/14). No medications or diagnostic tests were noted other than pre-operative chest radiograph. On 11/15/14 the treating physician requested 6 sessions of work hardening physical therapy for the left foot. On 12/9/14 Utilization Review non-certified the request for 6 Work hardening Physical Therapy Sessions for the left foot citing MTUS that requires a documented screening process or a return to work goal mutually agreed upon by the employer and employee and the injured worker must be no more than 2 years past the injury date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work hardening physical therapy x 6 sessions for the left foot:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, Work conditioning, work hardening Recommended as an option, depending on the availability of quality programs. Criteria for admission to a Work Hardening Program:(1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA).(2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning.(3) Not a candidate where surgery or other treatments would clearly be warranted to improve function.(4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week.(5) A defined return to work goal agreed to by the employer & employee:(a) A documented specific job to return to with job demands that exceed abilities, OR(b) Documented on-the-job training(6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program.(7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit.(8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less.(9) 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.(10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. Based on the document reviewed, the patient has not had any physical therapy following foot surgery. In addition, there is no documented evidence of return to work goal agreed by the employer and employee. Furthermore, a single visit for work hardening is recommended rather than 6 visits. This visit will determine if the patient is eligible for more sessions and if he can benefit from the program. Therefore, the request for Work hardening physical therapy x 6 sessions for the left foot is not medically necessary.