

Case Number:	CM15-0008576		
Date Assigned:	01/26/2015	Date of Injury:	04/04/2014
Decision Date:	03/26/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/15/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 27-year-old male who reported an injury on 04/04/2014 due to an unspecified mechanism of injury. On 11/25/2014, he presented for a followup evaluation. He stated that he felt good overall and did not have any pain at the date of the visit. His treatment plan had included physical therapy and medications. A physical examination showed matured scars over the left foot and ankle with no acute tenderness or erythema and range of motion of the 2nd toe was slightly limited with regard to the plantar flexion of the MTP joint. He was noted to be status post crush injury to the left foot and status post I&D wound repair and fracture fixation to the left foot. The treatment plan was for work conditioning physical therapy for 12 sessions (3x4) for the left foot. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Conditioning Physical Therapy 12 Sessions (3x4) Left Foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for admission to a Work Hardening Program Page(s): 125-12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Conditioning

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

Decision rationale: The California MTUS Guidelines recommend work conditioning for 10 visits over 8 weeks. The documentation provided does not indicate that the injured worker has any significant functional deficits that would support the request for work conditioning. Also, the number of sessions being requested exceeds the guidelines' recommendations. Therefore, the request is not supported. As such, the request is not medically necessary.