

Case Number:	CM15-0135099		
Date Assigned:	07/23/2015	Date of Injury:	08/09/2013
Decision Date:	08/24/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/13/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 41-year-old male who sustained an industrial injury on 8/9/13. The mechanism of injury was not documented. He was diagnosed with a closed dislocation of the tarsometatarsal joint. He underwent left 1st tarsometatarsal joint open reduction and a left 1st, 2nd and 3rd tarsometatarsal joint arthrodesis on 9/20/14. He completed 12 post-op physical therapy visits as of 4/20/15. He subsequently underwent painful hardware removal on 6/10/15. The 6/25/15 orthopedic report indicated that the injured worker was seen for his 2 week post-operative visit. He overall felt the foot was feeling better. There was soreness and achiness reported with prolonged standing. Physical exam documented minimal swelling and tenderness, range of motion and strength within acceptable limits, and no gross instability. Sutures were removed. The treatment plan documented shoe wear and slow increase in activities as tolerated. Follow-up was recommended in 4 weeks to get new weight bearing x-rays and possible full duty. Discussion of physical therapy with work conditioning or trying to increase his activities on his own. Work restrictions were outlined for modified duty. The 6/30/15 therapy order form documented treatment to include active and passive range of motion exercise, Achilles stretching program, analgesic modalities, proprioception exercises, and therapeutic exercise 2 times per week for 4 weeks. Services included range of motion, strengthening, gait training, work conditioning, and forefoot strengthening. Authorization was requested for work conditioning 2 x 4 weeks for the left foot. The 7/7/15 utilization review denied the request for work conditioning 2x4 for the left foot as post-operative physical therapy had not been completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning, 2 times a week for 4 weeks - left foot: Upheld

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

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

Decision rationale: The California MTUS recommends work hardening programs as an option and provide specific criteria for admission. Admission criteria includes: 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); after an adequate trial of physical or occupational therapy with improvement followed by plateau and not likely to benefit from continued physical or occupational therapy or general conditioning; a defined return to work goal agreed to by the employer and employee; a documented specific job to return to with job demands that exceed abilities or documented on-the-job training; and the worker must be no more than 2 years post date of injury. Guideline criteria have not been met. At the time of this request, the injured worker was 2-week status post hardware removal surgery. The request for work conditioning was in conjunction with post-op physical therapy modalities and procedure which is not consistent with guidelines. Work conditioning is supported following completion of physical therapy when the injured worker is not expected to benefit for continued therapy. There is no compelling rationale to support the medical necessity of work conditioning at this time. Therefore, this request is not medically necessary.