

Case Number:	CM15-0167188		
Date Assigned:	09/02/2015	Date of Injury:	08/27/2013
Decision Date:	10/06/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/25/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old male who sustained an industrial injury on 8-27-13. The post-operative diagnoses are capsulitis-impingement syndrome right ankle and osteochondral defect right ankle. He is status post right ankle arthroscopy with debridement on 6-5-15. In a physician note dated 7-22-15, the physician reports he is status post arthroscopic surgery. He had a removable boot and now an ankle stabilizing orthosis brace. The injured worker reports that he has been more active. He bicycled for approximately 1 hour and also walked for extended periods of time. He notes he does remain somewhat weak and has occasional discomfort, but no swelling and that range of motion is returning. He cannot hold a single foot balancing position for more than 20 seconds. There was some discomfort on passive plantar flexion and abduction of the foot. Previous treatment includes orthotics, immobilization, physical therapy, corticosteroid injections, MRI right ankle 4-15-15, and arthroscopic surgery. He will continue physical therapy and was encouraged to continue home exercise. Work status is to remain off work until 9-1-15. The requested treatment is 6 sessions of Work Hardening for the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of Work Hardening for the Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning/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: The claimant sustained a work-related injury in August 2013 and underwent a right ankle arthroscopic debridement of an osteochondral defect on 06/05/15. The claimant is a UPS delivery driver. The claimant had post-operative physical therapy and performs a home exercise program. When seen, there was a non-angalgic appearing gait. There was discomfort with plantar flexor and eversion of the ankle. The claimant has not been released to work. Work hardening is being requested. Criteria for a Work Conditioning Program include completion of an adequate trial of physical or occupational therapy with improvement followed by plateau, defined return to work goal, and the worker must be no more than 2 years past date of injury. In this case, there is no definite return to work plan. The claimant's surgery was in June 2015 and, although he is performing a home exercise program, he has not likely reached a functional plateau in terms of recovery. Lastly, there are no particular functional deficits within the examinations performed and a functional capacity evaluation to determine the need for any work restrictions or need for a work hardening program could be recommended. The requested sessions of work hardening are not medically necessary at this time.