

Case Number:	CM15-0202429		
Date Assigned:	10/19/2015	Date of Injury:	08/20/2014
Decision Date:	12/02/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/14/2015

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

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 34 year old male, who sustained an industrial injury on 8-20-2014. The injured worker is undergoing treatment for: ankle sprain, talus OCD status post right ankle arthroscopy with talus OCD debridement and microfracture. On 7-7-15, he reported doing well with his right ankle, indicating it to feel "tight" and sore at times and denied significant pain. He indicated he had been walking without the boot for over a week. On 9-15-15, he is noted to have "denied significant ankle pain". He indicated he was doing well overall and that therapy has been helpful. He reported that "his ankle fatigues after physical activity at times". Physical examination revealed no significant swelling, surgery incisions healed, no redness, no significant tenderness, ankle dorsiflexion from 15 degrees to 45 degrees of ankle plantar flexion, no crepitus noted, and negative anterior drawer testing. The treatment and diagnostic testing to date has included: multiple completed physical therapy sessions for the ankle, right ankle surgery (4-2-15), ice, and home exercise program. Current work status: "graduated return to full duty, 4 hours per day for 2 weeks, then 6 hours per day for 2 weeks, then 8 hours". The request for authorization is for: physical therapy needed for work hardening of left ankle. The UR dated 10-1-2015: non-certified the request for physical therapy needed for work hardening of left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy needed for work hardening - left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

Decision rationale: The patient presents on 09/15/15 for a follow-up appointment, and denies and significant ankle pain, though does complain of fatigue after physical activity at times. The patient's date of injury is 08/20/14. Patient is status post right ankle arthroscopy with talus OCD debridement and microfracture on 04/02/15. The request is for PHYSICAL THERAPY NEEDED FOR WORK HARDENING LEFT ANKLE. The RFA is dated 09/17/15. Physical examination dated 09/15/15 reveals well-healed arthroscopic portal incisions, and unremarkable examination findings. The patient's current medication regimen is not provided. Patient is currently advised to "graduated return to full duty. 4 hours per day for 2 weeks, then 6 hours per day for 2 weeks, then 8 hours." [sic] MTUS Guidelines, Work Conditioning/Work Hardening section, page 125 has the following: "Criteria for admission to a Work Hardening Program: (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." In regard to the request for an unspecified number of visits with a work hardening/conditioning program to improve this patient's overall workplace functionality, the treater has not satisfied guideline requirements. Per progress note dated 09/15/15, the provider states: "the claimant would benefit from work hardening. We have agreed to permit introduction to full duty on a graduated basis. He may gradually advance as tolerated." A review of the documentation provided does not reveal a defined return to work goal as agreed upon by the employer/employee. There is no evidence that the requested hardening includes on-the-job training, either. Without documentation of a employer/employee agreement, an appropriate number of sessions to be completed, or a specific discussion regarding return to a job that exceeds this patient's abilities, the requested work hardening cannot be substantiated. Therefore, the request IS NOT medically necessary.