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| Case Number: | CM15-0208942 | | |
| Date Assigned: | 10/27/2015 | Date of Injury: | 05/29/2015 |
| Decision Date: | 12/15/2015 | UR Denial Date: | 10/21/2015 |
| Priority: | Standard | Application Received: | 10/23/2015 |

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 25 -year-old female who sustained an industrial injury on 5-29-2015 and has been treated for left foot fifth metatarsal bone fracture and "other" enthesopathy of the left foot. A diagnostic x-ray was stated to show that the fracture had healed. On 10-5-2015 the injured worker reported constant and severe left ankle and foot pain characterized as throbbing and sharp, and aggravated by walking, climbing stairs, and prolonged standing, and included numbness and tingling. She stated she could not set her foot completely on the ground. Objective findings included spasm and tenderness to the left 5th metatarsal. Documented treatment includes at least 7 out of 12 authorized "physical medicine" sessions, and use of a boot. A referral for podiatric consultation for orthotics is planned. The treating physician's plan of care includes a functional capacity evaluation with work hardening screening "to determine if the injured worker is a candidate for a work hardening program," and psychosocial factors screen noted by the physician to be required by chronic pain medical treatment guidelines due to problems continuing "beyond the anticipated time of healing." These were non-certified on 10-21-2015. She was released to work with no restrictions on 10-5-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning/hardening screening x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical medicine guidelines - Work conditioning.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work conditioning.

Decision rationale: Guidelines recommend Work Conditioning/Hardening consideration if the patient is not a candidate where surgery or other treatments would clearly be warranted. In this case, a comprehensive left foot evaluation is not provided and physical therapy recommendations are not included. The request for work conditioning/hardening is not medically appropriate and necessary.

Psychosocial factors screening x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

Decision rationale: Guidelines recommend psychosocial factors screening when chronic pain behavior is evident or there is medical necessity for a psychosocial screening. In this case, the patient has suffered from an acute foot injury and there is no evidence of chronic pain behavior or medical necessity for psychosocial screening. The request for psychosocial factors screening is not medically appropriate and necessary.