

Case Number:	CM14-0149179		
Date Assigned:	09/18/2014	Date of Injury:	08/05/2013
Decision Date:	10/30/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Preventive Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 47-year-old female with an 8/5/13 date of injury. At the time (7/25/14) of request for authorization for 12 sessions of work hardening for the right ankle, there is documentation of subjective (right ankle pain) and objective (right ankle tenderness to palpation over the lateral ligaments and anterolateral joint line, 4/5 right calf muscle strength, and decreased right ankle/foot range of motion) findings, current diagnoses (right ankle lateral ligament injury with anterolateral soft tissue impingement), and treatment to date (ongoing physical therapy). Medical report identifies that options for surgery and injections have been discussed with the patient for consideration. There is no documentation of functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level; an adequate trial of physical therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning; the patient is not a candidate where surgery or other treatments would clearly be warranted to improve function; physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week; and a defined return to work goal agreed to by the employer & employee.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of work hardening for the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of 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 treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning; not a candidate where surgery or other treatments would clearly be warranted to improve function; physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week; a defined return to work goal agreed to by the employer & employee (a documented specific job to return to with job demands that exceed abilities, or documented on-the-job training); and no more than 2 years past the date of injury, as criteria necessary to support the medical necessity of a work hardening program. In addition, MTUS identifies that work hardening programs should be completed in 4 weeks consecutively or less; should not exceed 20 full-day visits (160 hours); and that treatment is not supported for longer than 1-2 weeks (10 visits, 80 hours) without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. Within the medical information available for review, there is documentation of a diagnosis of right ankle lateral ligament injury with anterolateral soft tissue impingement. In addition, there is documentation of work related musculoskeletal conditions and no more than 2 years past the date of injury. However, there is no documentation of functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level. In addition, despite documentation of ongoing physical therapy, there is no (clear) documentation of an adequate trial of physical therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning. Furthermore, given documentation that options for surgery and injections have been discussed with the patient for consideration, there is no documentation that the patient is not a candidate where surgery or other treatments would clearly be warranted to improve function. Moreover, there is no documentation of physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week; and a defined return to work goal agreed to by the employer & employee (a documented specific job to return to with job demands that exceed abilities, or documented on-the-job training). Lastly, the proposed number of sessions exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for 12 sessions of work hardening for the right ankle is not medically necessary.