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| Case Number: | CM14-0176152 | | |
| Date Assigned: | 10/29/2014 | Date of Injury: | 04/21/2014 |
| Decision Date: | 12/05/2014 | UR Denial Date: | 09/16/2014 |
| Priority: | Standard | Application Received: | 10/23/2014 |

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 Physical Medicine & Rehabilitation, 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:

This is a 44-year-old female with a 4/21/14. The patient injured her left ankle when moving a desk. According to a progress report dated 8/27/14, the patient complained of constant severe pain that was described as burning, sharp, and shooting. She reported tingling to the area and she stated that her last 3 toes go numb. The patient has completed 6 physical medicine sessions and has experienced a plateau with physical medicine. It is noted that the patient worked as an activity director. Objective findings: +2 spasm and tenderness to the left anterior heel left lateral malleolus and left 3rd, 4th, and 5th metatarsals. Diagnostic impression: left ankle sprain/strain, left foot sprain/strain, left calcaneal spur. Treatment to date: medication management, activity modification, physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 work hardening sessions 3 times a week until completed for the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning/Work Hardening Page(s): 156.

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

Decision rationale: CA MTUS states that work conditioning is recommended as an option. In addition, ODG states that work conditioning amounts to an additional series of intensive physical therapy visits required beyond a normal course of PT. However, in the present case, there is no documentation of a screening process that includes file review, interview, and testing to determine likelihood of success in a work hardening program. In addition, this is a request for 10 sessions to be completed 3 times a week, indicating a minimum of a 3-week course of treatment. Guidelines do not support treatment for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. Therefore, the request for 10 work hardening sessions 3 times a week until completed for the left ankle is not medically necessary.