

<b>Case Number:</b>	CM14-0083285		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	09/16/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 and Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 53-year-old female who reported an injury on 09/16/2013 after hitting the inside of her foot on the edge of a steel safe. The injured worker's treatment history included physical therapy, immobilization, activity modification, and non-steroidal anti-inflammatory drugs. The patient was evaluated on 04/23/2014. It was documented that the patient had persistent left ankle and foot pain rated at 8/10. It was noted that the patient had +3 spasm and tenderness to the left plantar muscle and medial side of the foot with painful range of motion. The injured worker's diagnoses included healed fracture of the metatarsal bones of the left foot, tendonitis, bursitis, and capsulitis of the left foot and plantar fasciitis. The injured worker's treatment plan included 6 visits of physical therapy, a CT scan of the left foot and ankle, a Functional Capacity Evaluation and a work hardening program. A request for authorization form was submitted on 04/23/2014 to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work hardening/conditioning:** Upheld

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

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

**Decision rationale:** The requested work hardening/conditioning is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends a work hardening program when physical therapy has been exhausted and would no longer contribute to progressive recovery. The necessity of a work hardening program should also be based on a Functional Capacity Evaluation and behavioral assessment. The clinical documentation does not provide any evidence of a Functional Capacity Evaluation or behavioral assessment to support that the patient is an appropriate candidate for a work hardening program. Furthermore, the request as it is submitted does not clearly define duration of treatment or applicable body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, this request is not medically necessary.

**Functional Capacity evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92, Chronic Pain Treatment Guidelines Work Hardening Page(s): 125.

**Decision rationale:** The requested Functional Capacity Evaluation is not medically necessary or appropriate. The clinical documentation does indicate that a work hardening program was requested; however, the clinical documentation does not support that the patient is a candidate for a work hardening program. The American College of Occupational and Environmental Medicine also recommends a Functional Capacity Evaluation to assess the injured worker's work capabilities beyond what can be provided during a traditional examination. The clinical documentation submitted for review does not provide any evidence that the patient is at or near maximum medical improvement and would benefit from a Functional Capacity Evaluation to determine the ability to complete normal job duties. As such, the requested Functional Capacity Evaluation is not medically necessary or appropriate.