

<b>Case Number:</b>	CM14-0210737		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	09/08/2014
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 patient is a 36 year old male with date of injury 9/8/14, sustained while climbing down a ladder. The treating physician report dated 10/29/14 (10) indicates that the patient presents with pain affecting the right ankle and foot. The patient complains of constant severe paint that was described as throbbing and is aggravated by walking. The physical examination findings reveal there was a +4 spasm and tenderness to the right medial and lateral malleoli. A Valgus and Varus test were both positive on the right. Prior treatment history includes physical therapy and prescribed medications. The current diagnosis is: 1. Right ankle sprain/strain  
The utilization review report dated 11/13/14 (3) modified the request for Work Conditioning/Hardening Screening Plus 10sessions, Qualified FCE and Psychosocial Factors Screening based on a lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work Conditioning/Hardening Screening Plus 10sessions, Qualified FCE and Psychosocial Factors Screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125 & 126.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, pages 137-139.

**Decision rationale:** The patient presents with pain affecting the right ankle and foot. The current request is for Work Conditioning/Hardening Screening Plus 10 sessions, Qualified FCE and Psychosocial Factors Screening. The treating physician report dated 10/29/14 states, "The goals of these sessions of work hardening are to increase (the patient's) work capacity, increase (the patient's) activities of daily living, continue without work restrictions, decrease the need for medication, decrease the visual analog scale rating, decrease swelling, and increase measured active range of motion." MTUS page 125 states, "Work conditioning, work hardening programs are recommended as an option depending on the availability of quality programs. Criteria for admission to Work Hardening Program include (2) "After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continue physical or occupational therapy."; (3), "Not a candidate where surgery or other treatments would clearly be warranted to improve function."; (5), a documented job to return to; and (6), "Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program." The treating physician report dated 10/29/14 (13) notes that the patient was released to work with no restrictions. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, pages 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations...The employer or claim administrator may request functional ability evaluations... may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." The employer or claim administrator did not request functional ability evaluations. In this case, there is inadequate evidence in the documents provided that show the patient's impairment results in functional limitations, as the treating physician released the patient to work with no restrictions on 10/29/14. Furthermore, all 3 requests would have to meet criteria in order for this combination request to be authorized. The request for an FCE does not meet the ACOEM guidelines as outlined on pages 137-139, therefore the entire request cannot be authorized. Recommendation is for denial.