

Case Number:	CM14-0215611		
Date Assigned:	01/05/2015	Date of Injury:	08/11/2010
Decision Date:	02/28/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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 & Rehabilitation

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 24 year old female with date of injury 8/11/10. The treating physician's hand written report dated 12/9/14 indicates that the patient presents with right ankle pain with swelling, limited movement, weakness and decreased ability to stand and walk for more than 5 minutes. The physical examination findings state, "Right ankle swelling, flex, ext." The current work status is: Temporary partial disability with no lifting over 10 pounds, no forceful pulling/pushing over 10 pounds, no standing/ walking over 10 min/hr, no climbing ladders and only 4 hours max per day. The current diagnoses are: 1.Status post ORIF right ankle2.Bimalleolar fractureThe utilization review report denied work hardening based on the fact that the injury was out of the time frame and there was no plan to return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for Work Hardening and conditioning: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for admission to a Work Hardening Program.

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

Decision rationale: The patient presents with chronic right foot and ankle pain with limited movement, weakness and decreased ability to stand and walk. The current request is for referral for work hardening and conditioning. The treating physician states, Appeal work hardening and conditioning. Weight (5'1' 295lbs) has affected ability to recover from both procedures, this complication has prolonged recovery. The MTUS guidelines on page 125 state that there are 10 criteria that must be documented for admission to a Work Hardening Program. In this case, there is no documentation of any of the 10 criteria being met. There is no way to tell if the patient has completed physical medicine treatments, is no longer a candidate for further surgery or that there is a defined return to work goal agreed upon by the employer & employee. Without documentation of the requirements as outlined by MTUS the current request is not medically necessary.