

<b>Case Number:</b>	CM15-0114404		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	05/19/2014
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 (IW) is a 47 year old male who sustained an industrial injury on 05/19/2014. He reported a slip and fall from a roof with injury to the right ankle. The injured worker was diagnosed as Lumbar sprain/strain; knee sprain/strain; lumbar disc without radiculitis; fracture of the ankle; and aftercare following surgery for injury. Treatment to date has included surgery, chiropractic care, physical therapy and work conditioning. Currently, the injured worker complains of constant lower back pain radiating into the right leg rated 8/10 and occurring 75-100% of his awake time. He complains of frequent foot pain that radiates into the right leg rated 8/10 and occurring 51-75% of his awake time. He also complains of frequent right knee pain rated an 8/10, occurring 51-75% of the time and radiating into the right leg. On examination, the Lumbosacral range of movement is significantly diminished, as is the range of motion in the right hip and right knee. Wartenberg's pinwheel testing of the dermatome pattern did not indicate any sensory abnormality; deep tendon reflexes of upper and lower extremities were present and symmetrical bilaterally. There was no evidence of arm drift or significant atrophy in the upper and lower extremities. Kemp's test was positive bilaterally and straight leg raise was positive on the right. There was tenderness to palpation in the lumbar region. Right lumbar paraspinal muscles revealed moderate tenderness and spasm as did the right quadratus lumborum and right medial hamstring. The worker is status post open reduction and internal fixation of Les Franc fracture, dislocation right foot; status post removal of hardware, right foot; and has weakness and

instability of the right lower extremity secondary to muscle atrophy from prolonged immobilization. The IW attended seven sessions of work conditioning spanning 02/09/ 2015 through 03/18/2015. A request for authorization is made 05/11/2015 for Work Conditioning right foot 3 times a week for 4 weeks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Work conditioning right foot 3 times a week for 4 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines pain rehabilitation program Page(s): 30-31.

**Decision rationale:** The medical records provided for review support the insured has a chronic pain condition with h/o surgery. There is note of 7 sessions of work conditioning having been performed, but does not detail the objective functional outcome of the sessions or indicate specific functional goals of additional work hardening program. MTUS guidelines support that chronic pain rehabilitation programs and work hardening programs are recommended where is access to a program with proven successful outcomes. As the medical records do not delineate specific objective goals for additional therapy, the records do not support additional work hardening sessions. The request is not medically necessary.