MAXIMUS Federal Services

Case Number:	CM15-0176122		
Date Assigned:	09/17/2015	Date of Injury:	05/22/2014
Decision Date:	10/20/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/08/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 61 year old female who sustained an industrial injury on 05-22-14. A review of the medical records indicates the injured worker is undergoing treatment for left knee surgery, cervical spondylosis, lateral epicondylitis of the elbows, carpal tunnel syndrome, tendinitis-bursitis of the hands-wrists, bursitis of the left knee, and left ankle strain. Medical records (03-02-15 through 07-27-15) indicate the injured worker's left knee pain has remained "severe" and the left ankle and foot pain has remained "moderate to severe." The treating provider reports (04-17-15) there was no functional improvement after physical therapy. The physical exam (03-02-15 through 07-27-15) reveals unchanged "1+ spasm and tenderness to the right anterior joint line, popliteal fossa, and vastus lateralis." 2+ tenderness and spasm was noted to the left lateral malleolus, left anterior heel, and planter fascia. Treatment has included left knee surgery, physical therapy, acupuncture, and topical compounds. The original utilization review (08-11-15) non-certified 10 work hardening sessions for the left leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 sessions of work hardening for the left leg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

Decision rationale: 10 sessions of work hardening for the left leg are not medically necessary per the MTUS Guidelines. The MTUS states that for work hardening an FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). The MTUS states that work hardening should occur only if the patient is not a candidate where surgery or other treatments would clearly be warranted to improve function. The documentation indicates that the patient has not had an FCE yet but that it was requested. Additionally, the 6/15/15 documentation indicates that an orthopedic surgery consult was requested for the left knee/ankle and per documentation the patient was to have additional therapy and bracing for these issues. It is not clear that the patient is complete with all other treatments at this point and there is no evidence of a completed FCE therefore a work hardening program is not medically necessary.