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| Case Number: | CM15-0052143 | | |
| Date Assigned: | 03/25/2015 | Date of Injury: | 02/20/2004 |
| Decision Date: | 10/14/2015 | UR Denial Date: | 03/09/2015 |
| Priority: | Standard | Application Received: | 03/19/2015 |

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: California

Certification(s)/Specialty: Emergency 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:

This 42 year old man sustained an industrial injury on 2-20-2004 due to a crush injury. Diagnoses include pain in limb status post left partial foot amputation. Treatment has included oral medications, bracing, and multiple surgical interventions. Physician notes on a PR-2 dated 2-5-2015 show complaints of foot pain after amputation rated 1 out of 10. The physical examination shows a wide based gait, limited motor testing due to pain, knee jerk reflexes 2 out of 4, and left side foot amputation with atrophy of the calf muscles with some areas of decreased light sensation. Recommendations include a work hardening program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Work Conditioning.

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

Decision rationale: The requested Work hardening program, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Work Conditioning and Work Hardening, Pages 125-126; recommend work hardening only with satisfaction of multiple criteria, including: a specific return to work goal, specific job demands, documented on-the-job training, evaluation of possible psychological limitations, be less than two years post-injury, treatment not to be longer than one to two weeks without evidence of patient compliance and demonstrated significant gains. The injured worker has foot pain after amputation rated 1 out of 10. The physical examination shows a wide based gait, limited motor testing due to pain, knee jerk reflexes 2 out of 4, and left side foot amputation with atrophy of the calf muscles with some areas of decreased light sensation. The treating physician has not documented a specific return to work goal, specific job demands, documented on-the-job training, nor evaluation of possible psychological limitations. The criteria noted above not having been met, Work hardening program is not medically necessary.