MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 12/13/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/20/2013
Date of Injury:	5/23/2012
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005566

1) MAXIMUS Federal Services, Inc. has determined the request for **work hardening /conditioning: initial 2 hours is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/20/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/16/2013. A decision has been made for each of the treatment and/or services that were in dispute:

1) MAXIMUS Federal Services, Inc. has determined the request for **work hardening /conditioning: initial 2 hours** is not **medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:
The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:
The applicant is a [redacted] assembler who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of May 23, 2012.

Thus far, the applicant has been treated with the following: Analgesic medications; 12 to 18 sessions of physical therapy over the life of the claim; work restrictions; corticosteroid injections to the heel; and work restrictions.

In a utilization review report of July 18, 2013, the claims administrator denied a functional restoration program, citing the fact that the applicant had had eight prior sessions of functional restoration. The applicant subsequently appealed, on July 3, 2013.

An earlier note of June 19, 2013 is notable for comments that the applicant is currently working with restrictions. The applicant reports severe and frequent knee, ankle, and foot pain. The applicant reports heightened pain with standing and walking. Ankle range of motion is limited and painful with tenderness appreciated about the heel, plantar fascia, and lateral malleolus. The applicant was returned to modified duty work. It is suggested that the applicant should undergo psychological evaluation to evaluate her psychosocial limitations. Functional capacity testing and functional restoration program were sought. Later functional capacity evaluation of July 8, 2013, suggested that the claimant as job as an assembler falls within the heavy physical demand level. The claimant apparently had difficulty meeting the standing and walking tolerances of the job.

A later note of July 31, 2013 is notable for comments that the applicant has made some strides to date following some functional restoration as evinced by improved range of

motion. Continued usage of topical compounds was endorsed on that date. It is stated that the applicant was returned to modified duty work and suggested that applicant's disability benefit should continue if the employer is unable to provide employment.

Documents Reviewed for Determination:
The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for work hardening /conditioning: initial 2 hours:**

   Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
   The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 49, which is part of MTUS.

   The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 125, which is part of MTUS.

   Rationale for the Decision:
   As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, upon completion of rehabilitation programs such as work hardening/work conditioning and/or outpatient rehabilitation, neither reenrollment in nor repetition of the same or similar rehabilitation program is warranted for the same condition or injury. In this case, the employee already completed a prior functional restoration program. The employee did not make objective strides or objective gains following completion of the same. The employee's work status was seemingly unchanged from visit to visit. It was not clearly established that the employee in fact returned to work following completion of prior functional restoration attempts. The attending provider suggested in some sections of the report that the employee had returned to modified duty work and then stated in other sections of the report that the employee's disability benefits should continue. Thus, the employee's functional status and work status were not clearly stated. It is further noted that all of the documentation on file referred and alluded to request for a functional restoration program as opposed to a work hardening/work conditioning program. It is further noted that there was no clearly defined return to work goal agreed upon by the employee and employer prior to pursuit of work hardening. It was not clearly stated that the employee in fact has or had a job to return to. For all these reasons, it does not appear that the criteria for pursuit of work hardening/work conditioning program have been met. **The request for Work Hardening /Conditioning: initial 2 hours is not medically necessary and appropriate.**

Effect of the Decision:
The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.