

Case Number:	CM13-0016785		
Date Assigned:	03/03/2014	Date of Injury:	06/13/2012
Decision Date:	04/22/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/26/2013

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Utah. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51 year old male. The patient's date of injury is 6/13/12. The mechanism of injury was being hit by a car and falling to the ground. The patient has been diagnosed with a herniated disc in the back and lateral epicondylitis. The patient's treatments have included physical therapy, medications, and acupuncture. The physical exam findings show limited range of motion in the lumbar spine while flexing and extending, an abnormal reversal lumbar lordosis and tenderness to palpation over the para-spinal muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK HARDENING PROGRAM FOR FOUR (4) HOURS A DAY FOR 5 DAYS A WEEK FOR FOUR (4) WEEKS TOTAL OF 20 SESSIONS.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Low back section.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The patient has already been approved for physical therapy as well as 10 work hardening session. There is no clear indication why the

patient would benefit from further sessions at this time. According to the clinical documentation provided and current MTUS guidelines; further work hardening program is not indicated as a medical necessity to the patient at this time.