

Case Number:	CM13-0020438		
Date Assigned:	12/04/2013	Date of Injury:	06/04/2012
Decision Date:	08/18/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/05/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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:

This is a 54-year-old male with a 6/4/2012 date of injury. A specific mechanism of injury was not described. 8/14/13 determination was non-certified given that the patient had completed 23 or 24 work-hardening visits and that guidelines recommended 10 visits (20 max for FRP). 4/10/14 medical report identify 10% increase in lower back pain with occasional buttock pain. The pain was rated 6/10. Psychological testing revealed minimal depression. 3/3/14 medical report identified that the patient was compliant with some exercise program and cardiovascular exercise program. The 1/2/14 medical report identified 10% increase in back pain that radiates to the left buttock and neck pain. He had noted left hand numbness without progressive weakness of loss of bowel or bladder control. There was decreased cervical range of motion. Right patellar reflex was absent and left was 3. Bilateral Achilles were 2 and toes were down going. It was noted that the patient remained retired since 2013, and permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) SESSIONS OF WORK HARDENING TWO TO THREE (2-3) TIMES A WEEK FOR FOUR TO SIX (4-6) WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Non-MTUS ODG, Low Back, Work Conditioning.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 125CA MTUS 2009 9792.24.2. Work Hardening Page(s): 125.

Decision rationale: The California MTUS criteria for work hardening program participation include a work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level; an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning; surgery or other treatments would not clearly be warranted to improve function; physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week; a defined return to work goal agreed to by the employer & employee including a documented specific job to return to with job demands that exceed abilities; ability to benefit from the program; no more than 2 years past date of injury; treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. No medical reports prior to the previous determination were included for review. There is indication that the patient completed 23 out of 24 authorized sessions, however, no objective improvement was documented. The recent medical reports provided did not identify the necessity for a work hardening program, more so, when the patient had retired since 2013. The above cited inclusion criteria for a work hardening program was not met. The medical necessity for work hardening was not substantiated.