

Case Number:	CM13-0028913		
Date Assigned:	11/01/2013	Date of Injury:	06/21/2008
Decision Date:	01/15/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Medicine and Cardiology has a subspecialty in fellowship trained Cardiovascular Disease 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 physician 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 patient is a 55-year-old injured worker who reported an injury on June 21, 2008. Per the documentation submitted for review, the patient was injured as a result of a slip and fall. Notes indicate that the patient has current complaints of pain to the bilateral upper extremities as well as thoracic pain, right thumb pain, lumbar pain with involvement of the bilateral lower extremities, and bilateral knee pain. The patient is currently recommended for participation in a work conditioning program. On July 01, 2013, the patient underwent a Functional Capacity Evaluation. Findings of the evaluation indicated the patient to have moderate pronation of the right foot with loss of arch height. The patient was recommended for participation in a work conditioning program, begin at flexibility protocol, and recommendation was made for active orthotic inserts. Additionally, it was determined that the patient was in need of treatment consisting of conservative care in the form of chiropractic manipulation treatment; including flexion/distraction; myofascial release and soft tissue mobilization techniques; followed by in office physiotherapy to include interferential current, hydrocollation, ultrasound, AcuVibe, and electrical muscle stimulation to cure and/or relieve the effects of the patient's injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Conditioning Program for the cervical/thoracic/lumbar/right thumb/bilateral knees:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Working Conditioning Page(s): 125-126.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state, recommendations are 10 visits over 8 weeks for a work conditioning program; and, as with all physical medicine programs, work conditioning participation does not preclude concurrently being at work. While the documentation from July 01, 2013 indicates the recommendation for a work conditioning program, there is a lack of documentation submitted for review that the patient has undergone treatment with an adequate trial of physical or occupational therapy with improvement followed by a plateau and would likely benefit from continued physical or occupational therapy or general conditioning. Furthermore, the evaluation indicates that the patient underwent Functional Capacity Evaluation; there is a lack of documentation indicating that the patient has demonstrated capacities below an employer verified physical demand analysis. The request for work conditioning program for the cervical/thoracic/lumbar/ right thumb/bilateral knees is not medically necessary and appropriate.