MAXIMUS Federal Services

Case Number:	CM13-0037208		
Date Assigned:	12/13/2013	Date of Injury:	11/09/2011
Decision Date:	03/24/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/27/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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.

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 60 year old male who reported an injury on 11/09/2001. The mechanism of injury was a fall. The office visit dated 12/04/2013 indicated the patient had complaints of neck pain that had increased since the previous visit. The patient reported he had been taking his medications as prescribed and that they were working well with no side effects. It was noted that the patient had completed physical therapy. The patient reported he continued to have relief from the epidural steroid injection that he had received on 09/06/2013. It was noted that the patient's surgical history included a discectomy at C5-6 and C6-7 on 11/09/2012. It was noted that the urine tox screen was positive for cocaine on 04/25/2013. The urine tox screen dated 07/31/2013 was negative, with no illicits noted. Upon examination, it was noted the patient ambulated without assistive devices. The cervical spine range of motion was restricted with extension limited to 30 degrees, right and left lateral bending was 20 degrees, right and left lateral rotation was 65 degrees with pain, and normal flexion. Paravertebral muscles were normal. Spurling's maneuver caused pain in the muscles of the neck radiating to other extremities. Biceps reflex was 2/4 bilaterally, triceps reflex was 2/4 bilaterally, and brachioradialis reflex was 2/4 bilaterally. The examination of the thoracic spine was within normal limits. Motor examination revealed finger flexors at 5/5 on the right and 5-/5 on the left, grip was 5/5 on the right and 5-/5 on the left, finger extensors were 5/5 bilaterally, wrist flexor was 5/5 bilaterally, wrist extensors were 5/5 bilaterally, elbow flexor was 5/5 on the right and 5-/5 on the left, elbow extensors were 5/5 on the right and 5-/5 on the left, shoulder flexors were 5/5 bilaterally, and shoulder abduction was 5/5 on the right and 5-/5 on the left. It was noted the patient moved all extremities well. The sensory examination revealed light touch sensation was decreased over the middle finger and the medial forearm on the left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for work hardening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

Decision rationale: The California MTUS states that work hardening is recommended as an option, depending on the availability of quality programs. The criteria for admission to a work hardening program are work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or high demand level; an FCE may be required, showing consistent results with maximal efforts; demonstrating capacities below an employer verified physical demand analysis, after treatment with an adequate trial of physical or occupational therapy with improvement followed by a plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning; not a candidate where surgery or other treatments would clearly be warranted to improve function; physical and medical recovery sufficient to allow for progressive re-activation and participation for a minimum of 4 hours a day for 3 days to 5 days a week; a defined return to work goal agreed to by the employer and the employee; the worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program); and the worker must be no more than 2 years from the date of injury. The records provided for review failed to show documentation of objective functional deficits, an FCE was not included, a physical demand analysis was not included, the records failed to include documentation showing improvement followed by a plateau from physical therapy, a return to work goal agreed to by the employer and employee was not provided, and the date of injury provided was 11/09/2011, which exceeded the 2 year limit from the date of injury. As such, the request for work hardening is not supported. Therefore, the request is non-certified.