

Case Number:	CM13-0065758		
Date Assigned:	02/21/2014	Date of Injury:	10/18/2012
Decision Date:	05/20/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/16/2013

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, 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:

The patient is a 39-year-old female with a 10/18/12 date of injury. Her subjective complaints include low back pain radiating to the lower extremities with numbness, tingling, and weakness, and neck pain with numbness and tingling in the upper extremities, and objective findings include positive paraspinal muscle spasms, positive cervical distraction, positive maximum foraminal compression, positive shoulder depression, decreased cervical spine range of motion, positive paravertebral muscle spasm, and decreased lumbar spine range of motion. The current diagnoses include lumbar spine herniated nucleus pulposus, cervical spine herniated nucleus pulposus, and left shoulder internal derangement, and treatment to date has been aquatic therapy and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY WORK HARDENING TWO TIMES SIX FOR THE CERVICAL SPINE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 124.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines states that a work hardening program may be recommended with documentation of a work-related musculoskeletal condition with functional limitations precluding the ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work); after treatment with 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; a defined return to work goal agreed to by the employer & employee (a documented specific job to return to with job demands that exceed abilities, or documented on-the-job training); and being no more than two years past the date of injury. In addition, the Official Disability Guidelines support up to ten work hardening visits over four weeks, equivalent to up to 30 hours. Within the medical information available for review, there is documentation of diagnoses of lumbar spine herniated nucleus pulposus, cervical spine herniated nucleus pulposus, and left shoulder internal derangement. In addition, there is documentation of conservative treatment and being no more than two years past the date of injury. However, there is no documentation of functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level; treatment with 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; and a defined return to work goal agreed to by the employer & employee (a documented specific job to return to with job demands that exceed abilities, or Documented on-the-job training). In addition, the requested twelve sessions of work hardening exceeds guideline limitations. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.