MAXIMUS Federal Services

Case Number:	CM13-0070502		
Date Assigned:	01/03/2014	Date of Injury:	06/08/2012
Decision Date:	06/04/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/24/2013

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 injured worker is a 51 year old female with reported date of injury on 06/08/2012. The mechanism of injury was not provided in the clinical documents. According to clinical documentation provided the injured worker had disc replacement arthroplasty at C5-6 and C6-7 on 03/22/2013 and a repeat disc replacement arthroplasty due to dislocation of implants on 04/12/2013. The injured worker's diagnoses included cervical spine degenerative disc disease, cervical spine disc herniation and cervical spine neck pain. According to the clinical note dated 08/21/2013, the injured worker complained of "virtually" no neck pain, and no pain reported in her arms. There is documentation of "full extension and rotation" as well as the sensory, motor and deep tendon reflexes were noted to be "intact". The clinical documentation noted that she was capable of lifting 25 pounds "occasionally". The progress note also stated "this woman is doing exceptionally well following replantation of ProDisc-C disc replacement arthroplasty, she is essentially asymptomatic". The physical therapy progress note dated 09/16/2013 stated the injured worker has completed 16 physical therapy sessions. The injured worker showed "good response" to upper body elastics and stretching. Her range of motion was reported as right head turn at 150 degrees and left head turn at 130 degrees. The request for authorization of Initial Work Conditioning 10 Visits (3 Times a Week) Cervical Spine was submitted on 12/14/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL WORK CONDITIONING 10 VISITS (3 TIMES A WEEK) CERVICAL SPINE:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125-126.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 125.

Decision rationale: According to the CA MTUS guideline there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Furthermore, the participation in a work conditioning program does not preclude concurrently being at work. The progress note dated 9/30/2013 documented that the injured worker has remained off of work for approximately six months. According to the clinical documentation provided, the injured worker did not utilize any medication for pain. The progress note dated 05/25/2013 stated the injured worker was referred to home based strengthening, there was a lack of documentation provided related to the home based exercise. Furthermore, the injured worker has documented increase in strength and functional abilities according to clinical documentation provided. Therefore, the request for Initial Work Conditioning 10 Visits (3 Times a Week) Cervical Spine is not medically necessary.