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| <b>Case Number:</b>   | CM14-0007127 |                              |            |
| <b>Date Assigned:</b> | 04/30/2014   | <b>Date of Injury:</b>       | 05/24/2013 |
| <b>Decision Date:</b> | 07/08/2014   | <b>UR Denial Date:</b>       | 12/13/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/19/2014 |

### 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 Occupational Medicine 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 applicant has filed a claim for thumb and back pain reportedly associated with an industrial injury of May 24, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; apparent left thumb cyst surgery on October 16, 2013; reported diagnosis with a T10-T11 compression fracture following a fall from a roof; a lumbar support; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a January 14, 2014 appeal letter, it was suggested that the applicant had been unable to return to work as a carpenter and has arduous physical job remains, including working with wood, lifting plywood, covering roofs, lifting, carrying, bending, etc. The applicant had persistent complaints of headaches, leg pain, wrist pain, hand pain, mid back pain, low back pain, and shoulder pain, it was stated, with painful limited range of motion noted on multiple body parts. It was stated that the applicant could not self-rehabilitate through home exercises. It was stated that earlier request for further physical therapy had been denied by the claims administrator. On December 4, 2013, the applicant was described as having persistent multifocal pain complaints. It was stated that the applicant had completed several sessions of postoperative physical medicine for his left hand. It was stated that the precursor functional capacity evaluation is also being requested at that point.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**WORK HARDENING PROGRAM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, some of the criteria for pursuit of a work hardening program include evidence that the applicant has plateaued with earlier physical or occupational therapy and is unlikely to benefit from continuous physical or occupational therapy. An applicant should also be able to benefit from the program, as determined by a precursor evaluation. It is further noted that clearly defined return to work goal agreed upon by both the employer and/or employee is also a prerequisite to enrolment in work hardening or work conditioning. In this case, however, there is no evidence that the applicant has a job to return to. It is not clearly stated that the applicant's employer is willing to take him back to work as a carpenter. It does not appear that the applicant has completed a precursor evaluation, as noted previously. The documentation on file is sparse, highly templated, and does not establish the completion of several criteria set forth on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines for enrollment in a work hardening or work conditioning program. Therefore, the request is not medically necessary.