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| Case Number: | CM14-0103759 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 01/13/2006 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 06/05/2014 |
| Priority: | Standard | Application Received: | 07/06/2014 |

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 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 56-year-old male who reported an injury on 01/13/2006 due to an unknown mechanism. Diagnoses were post-traumatic osteoarthritis of both knees, lumbosacral sprain and strain with lumbar radiculopathy. Past treatments were medications and physical therapy. Diagnostic studies were not submitted for review. Surgical history was not reported. The injured worker had a physical examination on 04/17/2014 with complaints of low back pain rated at 3/10 and knee pain was 4/10. Examination revealed an antalgic gait, lumbar spine spasm, and restricted range of motion. Medications were Ultram ER 150 mg. Treatment plan was for physical therapy, work hardening, and conditioning for 10 sessions. The rationale was not submitted. Request for authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, work hardening, conditioning, ten (10) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work hardening Page(s): 125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page(s) 98, 99 Page(s): 98, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Work Conditioning, Work Hardening.

Decision rationale: The request for physical therapy, work hardening, conditioning 10 sessions is not medically necessary. The California Medical Treatment Utilization Schedule recommends physical medicine. It comes as passive therapy and active therapy. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines state that it is expected of the patient to continue active therapies at home. It was not reported if the injured worker was continuing exercises at home. Measurable gains and functional improvement from the sessions of physical therapy were not reported. There were no notable indications to recommend additional physical therapy. The Official Disability Guidelines state for work conditioning or work hardening there needs to be a screening documentation. Approval of the program should include evidence of a screening evaluation. This multidisciplinary examination should include the following components of history including demographic information, date and description of injury, history of previous injury, diagnosis/diagnoses, work status before the injury, work status after the injury, history of treatment for the injury (including medications), history of previous injury, current employability, future employability, and time off work. There should be a review of systems including other non- work-related medical conditions. Documentation of musculoskeletal, cardiovascular, vocational, behavioral, and cognitive status by a physician, chiropractor, or physical and/or occupational therapist needs to be included. An evaluation with a mental health provider is needed. Determination of safety issues and accommodation at the work place needs to be implemented. The document submitted does not meet the criteria set forth by the guidelines. Therefore, the request is not medically necessary.