

Case Number:	CM14-0107498		
Date Assigned:	08/01/2014	Date of Injury:	03/29/2011
Decision Date:	08/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/10/2014

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 42-year-old male who reported an injury on 03/29/2011, the mechanism of injury was not provided. On 05/29/2014 the injured worker presented for a follow-up. This was a handwritten note and highly illegible. The provider recommended a work hardening program 2 to 3 times a week for 6 weeks, the provider's rationale was not provided. The Request for Authorization form was dated 06/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening Program 2-3 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Medicine Guidelines-Work Conditioning.

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

Decision rationale: The request for the work hardening program 2 to 3 times a week for 6 weeks is not medically necessary. The California MTUS deemed the criteria for admission to a work hardening program include work related musculoskeletal condition with functional limitations including ability to safely achieve current job demands, not a candidate where surgery or other

treatments would be clearly warranted to improve function, after treatment with adequate trial of physical or occupational therapy with improvement followed by a plateau, but not likely to benefit from physical or occupational therapy, and physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day. The defined return to work goal must be agreed upon by the employee and employer who has specific job return and job demands that exceed abilities or documented on the job training. The injured worker must be able to benefit from the program and the worker must be no more than 2 years past the date of injury. Treatment is also not supported for longer than 1 to 2 weeks without evidence of injured worker compliance and demonstrating significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. The documentation lacked evidence of an adequate examination of the injured worker providing detailed current deficits. Additionally, there was no documentation of previous treatments the injured worker has undergone and efficacy of the prior treatments. Additionally, the injured worker's date of injury was 03/29/2011, and it exceeds the guideline recommendation of being no more than 2 years past the date of injury for the performance of a work hardening program. As such, the request is not medically necessary.