

<b>Case Number:</b>	CM14-0153100		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	03/05/2014
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Alabama. 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:

This case involves is a 45 year old male who sustained a work related injury on 03/05/2014 when he was crushed by a machine against a wall. He sustained a comminuted fracture at T9 and T10 and non-displaced fracture right posterior 10th rib. He has been treated conservatively with 18 sessions of physical therapy which has provided him with improvement in pain levels temporarily. Therapy note dated 08/01/2014, states the patient presented with complaints of difficulties with sitting or standing for prolonged periods of time. She reported her pain as 8/10 at its worst and a 2/10 at its best. On exam, mobility, and joint integrity testing revealed hypomobile on the left and right with pain. Muscle testing revealed 4+/5 shoulder abduction on the left and 4/5 on the right; and shoulder flexion revealed +4/5 on the left and 4/5 on the right. His range of motion of the thoracic spine revealed pain on right rotation. The patient was recommended for a work hardening program to improve range of motion and functional status. Prior utilization review dated 09/02/2014 states the request for Work Hardening Program is denied due to lack of documented evidence to support the request.

### 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:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** The above MTUS guidelines regarding work hardening program criteria states "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." In this case, discharge note from physical therapy (PT) on 8/6/14 states "Skilled PT is still required in order to improve mobility in the spine, increase strength, and decrease pain to return patient to work..." This statement demonstrates that the patient has not plateaued from PT; therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.