

<b>Case Number:</b>	CM14-0174741		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	10/15/2013
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 underlying date of injury in this case is 10/15/2013. The date of the utilization review under appeal is 10/09/2014. On 09/18/2014, the patient was seen in physical therapy reevaluation. The patient was noted to be tolerating an increased workout. The treating therapist noted that two more visits had been authorized and that the patient was feeling stronger with the program but he did not feel ready to go back to work since he had been off for so long. Overall the patient was felt to have a good prognosis for achieving prior goals. Additional work hardening was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work hardening:** Upheld

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

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

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on work hardening, beginning on page 125, state that treatment is not supported for more than 1-2 weeks without evidence of patient compliance and significant

gains as documented by subjective and objective gains and a measurable improvement in functional abilities. The medical records document essentially subjective progress towards treatment goals. It is not clear that there are specific objective verifiable goals applicable toward a particular job which are planned and require additional work hardening. Overall the records and guidelines do not support this request for additional work hardening. The request is not medically necessary.