MAXIMUS Federal Services

Case Number:	CM14-0021208		
Date Assigned:	05/09/2014	Date of Injury:	06/28/2010
Decision Date:	07/11/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/20/2014

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 Pain Management, has a subspecialty in Interventional Spine 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:

This patient is a 20-year-old male with date of injury 02/28/2010. Per treating physician's report 01/14/2014, the patient presents with neck pain, right wrist, lumbosacral, bilateral knee, and ankle pains. Acupuncture and chiropractic treatments helped to relieve the pain. MRIs were done 2 weeks ago, pending EMG and authorization for surgery of the right knee. Listed diagnoses are:1.Cervical spine degenerative disk disease. 2.Right wrist scapholunate ligament osteoarthritis. 3.Lumbosacral spine degenerative disk disease. 4.Bilateral knee anterior cruciate ligament tear. 5.Bilateral ankle pain. Request was for Work Conditioning Program at 3 times a week for 6 weeks for cervical spine, right wrist, lumbar spine, bilateral knees, and bilateral ankles. Treater indicates that the patient exhibited functional restoration improvement in range of motion, strength, and increased ADL and ability to return to modified work duties. The request was continuation of Work Conditioning Program at a frequency of 3 times a week for 6 weeks. The 12/20/2013 report reviews MRIs of the C-spine that showed 1- to 2-mm disk bulge at C3 to C7; MRI of the right wrist showing subchondral cyst formation within the triquetrum and capitate; MRI of the lumbar spine showing 1- to 2-mm posterior disk bulges at multiple levels, moderate bilateral neuroforaminal narrowing due to 3- to 4-mm disk bulge at L5-S1. MRI of the left knee showed status post ACL repair with no evidence of re-tear involving the repaired ligament.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK CONDITIONING 3X6 FOR THE CERVICAL/LUMBAR SPINE, BILATERAL KNEES, BILATERAL ANKLES AND RIGHT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Program. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Work Hardening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Program Page(s): 125-126.

Decision rationale: This patient presents with chronic neck pain, low back pain, wrist pain, knee pain. Treating physician indicates that this patient has had chiropractic and acupuncture treatments with improvement. The request is for Work Hardening Program 2 times a week for 6 weeks stating that the patient has improved and the patient has ability to return to modified work duties. MTUS Guidelines page 125 discuss specific criteria for admission to a Work Hardening Program. It states that an FCE may be required showing consistent results with maximum effort, demonstrating capacities below an employer verified physical demands analysis; patient has recovered sufficiently to be able to participate for a minimum of 4 hours a day for 3 to 5 days a weeks; a defined return to work with documented specific job to return must be provided and worker must be no more than 2 years past date of injury. Finally, MTUS required that Work Hardening Program should be completed in 4 weeks consecutive or less and it is not supported for longer than 1 to 2 weeks without evidence of patient compliance and demonstrated significant gains. In this request, the requested 6 weeks exceed what is allowed by MTUS Guidelines for no more than 4 weeks consecutive or less. Furthermore, there is no documentation of a job to return to or documented on-the-job training and no documentation whether or not the patient is able to handle 4 hours a day for 3 to 5 days a week participation. The request is not medically necessary and appropriate.