

Case Number:	CM14-0021537		
Date Assigned:	05/07/2014	Date of Injury:	02/21/2013
Decision Date:	07/09/2014	UR Denial Date:	02/12/2014
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, has a subspecialty in Pain Management 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 patient is a 62 year old with an injury date on 2/21/13. Based on the 1/13/14 progress report provided by [REDACTED] the diagnoses are: 1. right shoulder/trapezial strain 2. L-spine strain with left sided radiculopathy 3. L-spine 1mm disc protrusion at L5-S1 per MRI 3/21/13 Exam on 1/13/14 showed "tenderness to palpation over L5-S1 level bilaterally, left sciatic notch, and left lateral thigh. Reduced range of motion of L-spine." [REDACTED] is requesting work hardening physical therapy 2x per week for 4 weeks for the L-spine. The utilization review determination being challenged is dated 2/12/14. [REDACTED] is the requesting provider, and he provided treatment reports from 8/12/13 to 2/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK HARDENING PHYSICAL THERAPY 2 X PER WEEK FOR 4 WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WORK CONDITIONING, WORK HARDENING.

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

Decision rationale: This patient presents with L-spine pain. The treater has asked work hardening physical therapy 2x per week for 4 weeks for the L-spine on 1/13/14 to "decreased pain and inflammation, help with activities of daily living, and increase flexibility and endurance." Patient fell on a pallet while working at [REDACTED] grocery store per 11/26/13 report. Patient has undergone 24 sessions of physical therapy with little improvement of chronic condition per 1/13/14 report. Patient is able to work at modified capacity for 15 hours a day with lifting restrictions as of 1/13/14. Regarding Work Hardening, MTUS recommends if patient's musculoskeletal condition precludes ability to achieve job demands (not sedentary work), if patient has not plateaued after trial of physical/occupational therapy, is not a candidate for surgery, if physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week, is no more than 2 years past date of injury, there is a work position to return to and patient has not completed prior work hardening program. ODG guidelines allow 10 visits over 8 weeks. In this case, the treater appears to be asking for work hardening to extend therapy. There is no discussion regarding a job that the patient is able to return to, no discussion regarding the patient's ability to tolerate 4 hours of participation a day, etc. Recommendation is for denial.