

<b>Case Number:</b>	CM14-0022423		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	03/01/2011
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 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 55-year-old male with date of injury 03/01/2011. Per treating physician's report 01/03/2014 which is handwritten, patient has continued cervical pain, increased headaches. Diagnosis is cervical HNP. Request was for PT/working hardening for cervical spine 2 times a week for 6 weeks. The patient is to be followed up in 6 weeks. 10/07/2013 report is also handwritten states patient still has neck pain. Request authorization for TENS unit and 2 times a week for 5 weeks for C/S. Diagnosis is cervical HNP. Under objective findings, the patient has been able to decrease NSAID use, increased walking distance, and increased ADLs. The request for PT/work hardening program was denied by utilization review letter 01/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY/WORK HARDENING 2 X 6 FOR THE CERVICAL SPINE:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** This patient presents with chronic neck pain with disk herniation. The request is for work hardening program 2 times a week for 6 weeks. Review of the reports show that the request was stated as PT/work hardening program and progress reports were all handwritten without a whole lot of information. Regarding work hardening program, MTUS Guidelines page 125 listed specific criteria for admission. It states that the patient must have had adequate trial of physical therapy with improvement followed by plateau and not likely to benefit from continued therapy; not a candidate for surgery; patient should be able to tolerate minimum of 4 hours a day 3 to 5 days a week of progressive reactivation or participation; and there must be documented specific job to return to a job demands that exceed debilities or documented on-the-job training. In this case, none of this information provided to warrant work hardening program. There is no documentation that the patient is able to tolerate 4 hours of work hardening treatments, no documentation that the patient condition has plateaued. No documentation of functional capacity evaluation showing consistent results with maximum effort. No documentation of any specific job that the patient can return to. Therefore, the request is not medically necessary.