

Case Number:	CM14-0033634		
Date Assigned:	06/20/2014	Date of Injury:	10/10/2013
Decision Date:	07/18/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/17/2014

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 injured worker is a 30 year old female with reported injury of 02/10/2013. The mechanism of injury was not provided. The injured worker had an exam on 02/12/2014 with multiple complaints of moderate to severe, sharp pain to her shoulders, back, knees and ankles. Her diagnoses consisted of cervical disc herniation with myelopathy, lumbar disc displacement with myelopathy, sciatica, thoracic disc displacement, partial tear of rotator cuff tendon of the bilateral shoulders, bursitis and tendinitis of the bilateral shoulders, tear of medial meniscus of the bilateral knees, bursitis of the bilateral knees, bilateral plantar fasciitis and bilateral calcaneal spurs. The injured worker had participated in twenty one sessions of physical therapy, but failed to show significant functional improvement. The request for authorization was signed on 02/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten work hardening sessions to the cervical, thoracic, lumbar, bilateral shoulders, knees, bilateral feet 5 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Sessions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines work conditioning/work hardening Page(s): 125.

Decision rationale: The request for ten work hardening to cervical, thoracic, lumbar, bilateral shoulders, knees and bilateral feet five over two weeks is non-certified. The injured worker had completed twenty-one physical therapy sessions without functional improvement. The California MTUS Guidelines recommends work hardening where physical and medical recovery is sufficient to allow for progressive reactivation and participation for a minimum of four hours a day, three to five days a week. There is lack of evidence to support the injured worker's endurance. The guidelines also recommend a defined return to work goal agreed to by the employer and employee. There is no documentation of such agreement. Finally the guidelines recommend that the worker must be able to benefit from the program functionally and psychologically with screenings to include file review, interview and testing to determine likelihood of success in the program. There was no evidence provided to support success of this program. Therefore the request for work hardening program is non-certified.