

Case Number:	CM14-0034835		
Date Assigned:	06/20/2014	Date of Injury:	05/27/2013
Decision Date:	07/18/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/20/2014

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 presented with a date of injury of 5/27/13. A utilization review determination dated 3/10/14 recommends non-certification of work conditioning/hardening. 2/7/14 medical report identifies right shoulder, upper back, and lower back and right wrist pain as well as right wrist weakness. On exam, there is tenderness and limited ROM. Kemp's and FABERE/Patrick were both positive on the right. Recommendations included lumbar spine MRI, EMG, 2nd opinion from orthopedics, and a 12-week work/conditioning/hardening program in conjunction with PT and spinal manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Conditioning/ Hardening twice a week for twelve weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening programs Page(s): 132. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines, Work Conditioning.

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

Decision rationale: California MTUS cites various criteria for work hardening, including: Work related musculoskeletal condition with functional limitations precluding ability to safely achieve

current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA); After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning; Not a candidate where surgery or other treatments would clearly be warranted to improve function; 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; A defined return to work goal agreed to by the employer & employee (A documented specific job to return to with job demands that exceed abilities, OR Documented on-the-job training); The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program; and the worker must be no more than 2 years past date of injury, as workers that have not returned to work by two years post injury may not benefit. Within the documentation available for review, the patient is noted to be less than 2 years past the date of injury, but none of the other criteria have been met. Furthermore, the treatment was proposed in conjunction with physical therapy and spinal manipulation and no clear rationale for its use concurrent with these other treatments (which is not recommended per the CA MTUS) has been provided. Finally, work hardening programs should be completed in 4 weeks consecutively or less per the MTUS and treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. The treatment as requested would exceed all of these parameters and there is no provision for modification of the current request. In light of the above issues, the request for work conditioning/hardening twice a week for twelve weeks is not medically necessary and appropriate.