MAXIMUS Federal Services

Case Number:	CM14-0035765		
Date Assigned:	06/23/2014	Date of Injury:	03/25/2013
Decision Date:	07/22/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/24/2014

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:

This is a patient with a date of injury in March 2013. A utilization review determination dated March 18, 2014 recommends non-certification of 8 sessions of work conditioning/hardening. Non-certification was due to the patient having returned to work on March 6, 2014, as well as the patient having a job which is not a medium to high demand level. An ergonomic evaluation dated October 2013 recommends a mouse, anti-fatigue mat, ergonomic chair, and anti-fatigue footwear. A progress report dated October 11, 2013 includes subjective complaints of ongoing pain as well as a request for another ergonomic evaluation. Objective findings are normal. Diagnoses include repetitive strain injury, neck pain, upper arm pain, and hand pain. The treatment plan recommends Relafen, discontinuation of Robaxin, request Dragon speak, and restart acupuncture and chiropractic care. The treatment plan also recommends modified work beginning on October 11, 2013. A progress report dated December 10, 2013 recommends 6 additional physical therapy sessions stating that the patient has shown functional gains with improved range of motion and decrease medication use. A progress report dated February 6, 2014 recommends the 6 additional physical therapy sessions, recommending that the patient should be independent after those treatments. A progress report dated March 6, 2014 includes subjective complaints of neck pain, upper back pain, shoulder pain, elbow pain, wrist pain, and hand pain. The note indicates that the patient's symptoms have been unchanged since the injury. Physical examination identifies tenderness to palpation over the cervical paraspinal muscles with tenderness around the shoulders, and reduced grip strength on the right. Diagnoses include cervicalgia, repetitive stress injury in bilateral upper extremities, and bilateral carpal tunnel syndrome. The treatment plan requests were conditioning twice a week for 4 weeks. Additionally, the patient is placed on modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Work conditioning/hardening sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation State of California Workers' Compensation Official Medical Fee Schedule, Page 504 and ODG Physical Medicine Guidelines, Work Conditioning.

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

Decision rationale: Regarding the request for work hardening program/therapy, 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. Workers that have not returned to work by two years post injury may not benefit. Within the documentation available for review, it does not appear that the patient has a job which is at the medium or higher demand level, as recommended by guidelines. Additionally, there is no documentation of initial improvement from physical therapy followed by a plateau, as recommended by guidelines. Furthermore, it appears the patient has already returned to modified duty work. In the absence of clarity regarding those issues, the currently requested work conditioning/hardening sessions are not medically necessary.