

Case Number:	CM14-0038103		
Date Assigned:	06/25/2014	Date of Injury:	11/08/2012
Decision Date:	08/06/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/01/2014

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 & Rehabilitation and Pain Management 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:

The patient is a 57-year-old male with a date of injury of 11/08/2012. The listed diagnoses per [REDACTED] are: 1. Motor vehicle accident with major trauma. 2. Injury to right foot, right shoulder, and low back. 3. PTSD (Post Traumatic Stress Disorder). 4. Second-degree burn of lower leg. 5. Metatarsalgia of right foot. 6. Partial tear of rotator cuff. 7. Primary osteoarthritis of shoulder. 8. Lateral epicondylitis of right elbow. 9. Impingement syndrome, shoulder. 10. CRPS (Complex Regional Pain Syndrome) of lower limb. According to progress report 02/16/2014, the patient presents with right foot, right shoulder and lower back pain. Examination report states, the patient appears well today. There is no other physical examination reporting. The patient's medication regimen includes Neurontin capsule 100 mg. Request for authorization form of 02/21/2014 requests work conditioning program at Redding 3 times per week for 4 weeks for the low back, right shoulder and right foot. Utilization Review denied the request on 03/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 visits, 3 times per week for 4 weeks of work conditioning for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126.

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

Decision rationale: This patient presents with complaints of right shoulder, right foot and low back pain. The treater is requesting 3 times per week for 4 weeks of work conditioning for patient's lower back. MTUS guidelines pg. 125 recommends work hardening programs as an option and requires specific criteria to be met for admission including work related musculoskeletal condition with functional limitations, trial of Physical Therapy with improved followed by plateau, non-surgical candidate, defined return to work goal agreed by employer & employee, etc. A defined return to work goal is described as; (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training. Furthermore, approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. In this case, there is lack of documentation of specific job to return to and likelihood of success that this patient will return to work. In addition, a screening process prior to consideration has not taken place. Therefore, the request for 12 visits, 3 times per week for 4 weeks of work conditioning for the low back is not medically necessary and appropriate.

12 visits, 3 times per week for 4 weeks of work conditioning for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126.

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

Decision rationale: This patient presents with complaints of right shoulder, right foot and low back pain. The treater is requesting 3 times per week for 4 weeks of work conditioning for patient's right shoulder. MTUS guidelines pg. 125 recommends work hardening programs as an option and requires specific criteria to be met for admission including work related musculoskeletal condition with functional limitations, trial of Physical Therapy with improved followed by plateau, non-surgical candidate, defined return to work goal agreed by employer & employee, etc. A defined return to work goal is described as; (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training. Furthermore, approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. In this case, there is lack of documentation of specific job to return to and likelihood of success that this patient will return to work. In addition, a screening process prior to consideration has not taken place. Therefore, the request for 12 visits, 3 times per week for 4 weeks of work conditioning for the right shoulder is not medically necessary and appropriate.

12 visits, 3 times per week for 4 weeks of work conditioning for the right foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126.

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

Decision rationale: This patient presents with complaints of right shoulder, right foot and low back pain. The treater is requesting 3 times per week for 4 weeks of work conditioning for patient's foot. MTUS guidelines pg. 125 recommends work hardening programs as an option and requires specific criteria to be met for admission including work related musculoskeletal condition with functional limitations, trial of PT with improved followed by plateau, non-surgical candidate, defined return to work goal agreed by employer & employee, etc. A defined return to work goal is described as; (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training. Furthermore, approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. In this case, there is lack of documentation of specific job to return to and likelihood of success that this patient will return to work. In addition, a screening process prior to consideration has not taken place. As such, the request for 12 visits, 3 times per week for 4 weeks of work conditioning for the right foot is not medically necessary and appropriate.