

Case Number:	CM14-0038631		
Date Assigned:	06/27/2014	Date of Injury:	11/25/2010
Decision Date:	08/06/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/02/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee, neck, mid back, and low back pain reportedly associated with an industrial injury of February 25, 2010. Thus far, he/she has been treated with the following: Analgesic medications; attorney representation; adjuvant medications; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated March 3, 2014, the claims administrator denied a request for a 12-session work conditioning program through a chiropractor. The claims administrator based its denial on the fact that he/she was currently working and did not have a medium physical demand level occupation or greater. A July 17, 2013 progress note is notable for comments that the applicant was reportedly working with limitations. A functional restoration program was apparently sought at this point in time. The applicant was using knee and wrist braces while at work, it was suggested. A handwritten note of December 17, 2013 did not furnish the applicant's work status. On February 24, 2014, he/she was described as having reached maximum medical improvement with earlier treatment. Permanent work restrictions were imposed. It was suggested that the applicant was working as a case manager at [REDACTED], doing clerical duties and chart review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning (Chiropractic) QTY: 12: 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 Work Conditioning, Work Hardening topic Page(s): 125,.

Decision rationale: As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, work hardening and/or work conditioning are recommended as an option, in individuals who have worked related musculoskeletal condition with functional limitations precluding the ability to safely achieve current job demands, which are in the medium or higher physical demand level. In this case, however, the applicant has, in fact, returned to work as a case manager performing sedentary work, the attending provider has acknowledged. Work condition program is not, consequently, indicated, as the applicant is able to currently meet job demands. Therefore, the Work conditioning (Chiropractic) quantity : 12 is not medically necessary.