

Case Number:	CM14-0040646		
Date Assigned:	06/27/2014	Date of Injury:	01/10/2014
Decision Date:	08/18/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/03/2014

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 Nevada. 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 records presented for review indicate that this 45 year-old male was reportedly injured on January 10, 2014. The mechanism of injury is noted as a blunt force trauma to the face. The most recent progress note, dated March 10, 2014, indicates that there are ongoing complaints of head pain, neck pain and low back pain. The physical examination was not completed during this evaluation. Diagnostic imaging studies objectified were not presented for review. Previous treatment includes multiple medications and inappropriate expanding injury database. A request had been made for a work hardening screening and was not certified in the pre-authorization process on March 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening Screening: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Work Hardening Program).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning/Work Hardening Page(s): 125 of 127.

Decision rationale: When noting the date of injury, the injury sustained, the data the request, the lack of any specific physical examination findings there is no clinical indication presented for the medical necessity of such a request. There are an expanding number of pain complaints generators, and a transition to home exercise protocol has been outlined. Therefore, when noting the criterion outlined in the Chronic Pain Medical Treatment Guidelines the standards for a work hardening protocol are not met and this request is not medically necessary.