MAXIMUS Federal Services

Case Number:	CM14-0047273		
Date Assigned:	07/02/2014	Date of Injury:	09/18/2013
Decision Date:	08/25/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/15/2014

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 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 injured worker is a 43-year-old male who reported an injury on 09/18/2013. The mechanism of injury was a fall. His diagnoses included lumbar sprain/strain with radiculopathy and right ankle sprain/strain. His past treatments were noted to include physical therapy, medications, and rest. A functional capacity evaluation was performed on 02/11/2014 which noted that he gave a valid level of effort and his physical demand level was light lifting. It was also noted that his occupation required lifting a maximum of 20 pounds. Based on the results, it was noted that the injured worker could return to full duty work. On 01/21/2014, the injured worker presented with complaints of pain in the lumbar spine and right ankle. His physical examination revealed normal range of motion in the lumbar spine, painful normal range of motion in the right ankle, and tenderness to palpation of the anterior ankle and lateral ankle with positive emersion. The treatment plan included a podiatry consult, medications, and work conditioning to increase strength and range of motion. It was noted that this additional therapy modality was requested as part of a multidisciplinary effort to increase the probability of successful recovery. The Request for Authorization form was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of work conditioning: Upheld

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

Decision rationale: The request is non-certified. According to the California MTUS Chronic Pain Guidelines, a work conditioning program may be supported as an intensive alternative to physical therapy for patients with functional limitations precluding the ability to safely achieve medium or higher demand level work demands. The clinical information submitted for review indicated that the injured worker had previously undergone physical therapy. However, documentation showing objective functional improvement with that treatment was not provided. In addition, his 01/28/2014 clinical note and 02/11/2014 functional capacity evaluation failed to show any evidence of objective functional deficits or functional limitations precluding his return to work as the functional capacity evaluation indicated that he was able to return to work at full duty. Therefore, in the absence of further documentation indicating the injured worker's need for a work conditioning program, the request would not be supported. In addition, when necessary, the guidelines support up to 10 visits of work conditioning over 8 weeks. Therefore, the request for 12 sessions of work conditioning would exceed these guidelines. For the above reasons, the request is non-certified.