

Case Number:	CM14-0065451		
Date Assigned:	07/11/2014	Date of Injury:	12/05/2013
Decision Date:	09/16/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/08/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 49 year old male who was at work on 12/05/2013 when a car unexpectedly crashed through the wall and hit him on the right side of his body, and pushed him into a fryer filled with oil. He sustained second degree burns of his upper and lower back, left upper arm and forearm; as well as injuries to his right hip, thigh, right arm, and left inner thigh. He has been diagnosed with second and third degree burns of left arm, left forearm, back; contusion of right thip, both thighs, and right ankle. He was treated with burns dressing, hydrotherapy, medications, and skin graft surgery. The injured worker later developed keloid and contractures of his torso and left upper extremities as a result of which he had intralesional steroid injections, and physical therapy. In dispute is the request for for Work Hardening, 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening 12 session: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125, 99.

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

Decision rationale: The number of work hardening sessions recommended in a week is five sessions from Monday to Friday. The MTUS Guidelines do not support more than two weeks of work hardening without evidence of compliance and documented subjective and objective benefits in functional abilities. Therefore the requested treatment is not medically necessary.