

Case Number:	CM14-0068589		
Date Assigned:	07/14/2014	Date of Injury:	10/04/2013
Decision Date:	09/19/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/13/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 53 year old male with a work injury dated 10/4/13. The diagnoses include cervical disc herniation with myelopathy, cervical cranial syndrome, and post concussion syndrome. Under consideration is a request for work hardening screening. There is a primary treating physician report dated 3/19/14 PR-2 document that states that the patient complained of constant moderate pain that was described as burning and aching. The pain was aggravated by turning and driving. There were complaints of constant headaches. On exam there were +3 spasms and tenderness to the bilateral paraspinal from C4 to C7 and bilateral suboccipital muscles. The cervical compression test was positive bilaterally for neurological compromise. Distraction test was positive bilaterally. The left brachioradialis reflex was decreased. The right brachioradialis reflex was decreased. The left triceps reflex was decreased. The triceps reflex was decreased. The treatment plan stated that the patient has only completed 6 of the requested 12 sessions of physical medicine. He has already shown functional improvement and does not need more PT. A work Hardening Screening is required to determine if the patient is a candidate for a work hardening program. The document states that on 3/19/2014, the patient was released to work with no restrictions.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Work conditioning, work hardening Page(s): 99, 125-126.

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

Decision rationale: Work Hardening Screening is not medically necessary per the MTUS Chronic Pain Guidelines. The MTUS Chronic Pain Guidelines state that the patient may be a candidate for work hardening when a work related musculoskeletal condition with functional limitations precludes the ability to safely achieve current job demands. The documentation indicates that the patient was released to work with no restrictions on 3/19/14. The request for a work hardening screening is therefore not medically necessary.