

Case Number:	CM14-0078283		
Date Assigned:	07/18/2014	Date of Injury:	04/25/2012
Decision Date:	08/15/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/28/2014

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 Orthopedic Surgery 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:

This 37-year-old female assistant lab animal technician sustained an industrial injury on 4/25/12. Injury occurred when a Geiger counter fell on her left foot and with repetitive hand activities. Records indicated the patient last worked on 10/14/13 and had been terminated. The 3/19/14 treating physician report cited left ankle, bilateral knee pain, lumbar spine pain, and bilateral wrist/hand pain. Pain was generally rated moderate to severe. Lumbar spine exam documented +3 lumbar muscle spasms and tenderness, positive mechanical and nerve tension signs, and decreased left Achilles reflex. Wrist/hand exam documented bilateral +3 spasms and tenderness, absent left grip strength, and positive bilateral Tinel's, Phalen's, bracelet, and Finklestein's tests. Bilateral knee exam documented +3 spasms and tenderness and positive McMurray's, grinding, and Clarke's tests. Ankle/foot exam documented +3 spasms and tenderness with positive varus/valgus stress on the left. The patient had an EMG/NCV scheduled for 5/6/14. The patient had completed 13 sessions and six additional physical medicine sessions were requested based on functional improvement. Physical medicine treatment consisted of electrical stimulation, infrared, paraffin, chiropractic manipulation, and therapeutic activities for the hands. Work hardening screening was recommended and functional capacity evaluation was needed to assess functional improvement. A 3D MRI of the lumbar spine was recommended based on chronic pain and positive neurologic findings. The 4/25/14 utilization review denied the request for work hardening as there was insufficient evidence relative to specific functional incapacities to support medical necessity. The 5/5/14 appeal letter indicated that a functional capacity evaluation was performed on 4/16/14 which addressed functional activities, objective deficits, and limitations. The treating physician requested authorization for a work hardening screening and subsequent program to improve her activities of daily living and return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening Program (lumbar/knees/wrists/left ankle): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening. 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, page(s) 125-126 Page(s): 125-126.

Decision rationale: The California MTUS recommends work hardening programs as an option and provide specific criteria for admission. Admission criteria includes: work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work); after an adequate trial of physical or occupational therapy with improvement followed by plateau and not likely to benefit from continued physical or occupational therapy or general conditioning; a defined return to work goal agreed to by the employer and employee; a documented specific job to return to with job demands that exceed abilities or documented on-the-job training; and the worker must be no more than 2 years post date of injury. Guideline criteria have not been met. The initial request for work hardening screening was placed on 3/19/14 with additional physical medicine treatment being requested at the same time and further diagnostic studies pending. Record do not indicate that active therapies were being employed relative to the lumbar spine, knees or left ankle. There was no evidence that the patient had plateaued with therapy. The patient was 2 years post injury at the time of the utilization review. There was no specific job to return to. There was no evidence of another available job. Therefore, this request for work hardening program (lumbar/knees/wrists/left ankle) is not medically necessary.