

Case Number:	CM14-0084131		
Date Assigned:	07/21/2014	Date of Injury:	06/04/2013
Decision Date:	08/26/2014	UR Denial Date:	05/10/2014
Priority:	Standard	Application Received:	06/05/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 32-year-old female who reported an injury on 06/04/2013 secondary to moving a mattress down a flight of stairs. Her diagnoses include thoracic or lumbosacral neuritis or radiculitis, internal derangement of the knee, disorder of the bursa and tendons in the shoulder region, and lumbar intervertebral disc displacement without myelopathy. Previous treatments were noted to include medications, physical therapy, chiropractic therapy, epidural steroid injections, and work conditioning. The injured worker was evaluated on 05/07/2014 and reported less pain in the low back with radiation to the right leg. She also reported associated tingling, numbness, and weakness in the right leg. She denied right shoulder pain at that clinic visit. She also reported pain in the right arm, right knee, and upper back. On physical examination, the patient was noted to have 50 degrees of forward flexion of the lumbar spine, 20 degrees of extension, and 25 degrees of side bending with limited rotation. She was also noted to have 4/5 motor strength in right great toe extension and on right ankle plantarflexion. Her medications on that date were not provided. The injured worker was recommended for a consultation with an orthopedic specialist. She was also prescribed naproxen. She was recommended for physical therapy with a work hardening program 2 times a week for 5 weeks for strengthening, per the recommendations of [REDACTED]. A Request for Authorization was submitted on 05/07/2014 for physical therapy with a work hardening program 2 times a week for 5 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Physical therapy visits with work hardening program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, low back - lumbar & thoracic (Acute and Chronic) Physical Medicine Guidelines - work conditioning.

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

Decision rationale: The request for 10 physical therapy visits with work hardening program are not medically necessary. The California MTUS Guidelines may recommend a work hardening program when a work related musculoskeletal condition with functional limitations precludes an injured worker's ability to safely achieve current job demands as evidenced by a Functional Capacity Evaluation. The medical records submitted for review failed to provide a recent Functional Capacity Evaluation demonstrating capacities below an employer verified physical demand analysis. Additionally, the guidelines state that upon completion of a rehabilitation program, neither reenrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. The medical records submitted for review indicate the injured worker has been treated previously with work conditioning. According to the evidence-based guidelines, enrollment in a similar rehabilitation program, such as work hardening, is not supported. For the aforementioned reasons, the medical necessity of 10 physical therapy visits with work hardening has not been established at this time. As such, the request for 10 physical therapy visits with a work hardening program are not medically necessary.