

Case Number:	CM14-0088849		
Date Assigned:	07/23/2014	Date of Injury:	09/14/2013
Decision Date:	08/27/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/12/2014

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 60-year-old male with a reported injury on 09/14/2013. The mechanism of injury was a slip and fall. The injured worker's diagnoses included subacute traumatic moderate repetitive thoracic spine sprain/strain, closed fracture at T12, L1, and L2, thoracic spine pain, posterior disc bulge at T11-12, subacute traumatic moderate repetitive lumbar spine sprain/strain radiating to both lower extremities, lumbar spine pain, posterior disc bulge at L2-3, L3-4, L4-5, and L5-S1, and nightly sleep disturbances. Prior treatments included acupuncture, physical therapy, chiropractic therapy, the use of a TENS unit, a home exercise program, and a brace. The injured worker had an examination on 06/25/2014 for a followup. The injured worker reported that he had been feeling better, and that his back pain was slowly improving. He was able to move his arms better and he reported that the motion of his shoulders was improving. He reported that he still got attacks of neck and low back pain and medication did help, but he stated that he felt that he could not go back to work due to the pain. Upon examination of his cervical spine, extension was at 40 degrees, flexion was at 60 degrees, right and left lateral bending was at 20 degrees, and the rotation was at 30 degrees. The injured worker had full range of motion in his upper right shoulder, and the left shoulder with limited range of motion. The abduction and forward flexion were at 120 degrees. The extension of the lower back was only 5 degrees and flexion was 30 degrees, causing thoracolumbar and lumbar pain and also caused left shoulder pain. There was full range of motion to the right hip without pain, and the left hip showed limited range of motion due to pain to the left buttocks and left lumbar spine. The list of medications was not provided. The recommended plan of treatment was for the injured worker to continue sessions of therapy and additional aquatic therapy and continue his pain medications. The injured worker remained temporarily totally disabled at that time until further improvement. The injured worker had a progress note from his physical

therapy dated 05/21/2014. It was reported that the injured worker was feeling 60% better and he reported that he was not going to go back to work. The Request for Authorization for work conditioning and work hardening was not provided. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning, six (6) sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Work conditioning, work hardening, Physical therapy, Pain.

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

Decision rationale: The California MTUS Guidelines recommend, 10 sessions of work conditioning over 8 weeks. The injured worker has stated that he is not planning to be returning to work due to his pain. The California MTUS Guidelines recommend work conditioning after treatment of an adequate trial of physical or occupational therapy with improvement. The injured worker completed a course of physical therapy. Within the provided documentation the physician did not include an adequate and complete assessment of the injured worker prior to beginning physical therapy as well as after completion in order to demonstrate whether functional gains were made. The submitted request did not indicate what part of the injured worker's body the work conditioning is being requested for. Additionally, the request does not indicate the frequency at which the is to be performed in order to determine the necessity of the medication. Therefore, the request for the work conditioning is not medically necessary.

Work hardening, six (6) sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Work conditioning, work hardening, Physical therapy, Pain.

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

Decision rationale: The California MTUS guidelines recommend work hardening for patients with 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). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). Work hardening may be recommended after treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau for patients who are not surgical candidates. The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). The injured worker completed a course

of physical therapy. Within the provided documentation the physician did not include an adequate and complete assessment of the injured worker prior to beginning physical therapy as well as after completion in order to demonstrate whether functional gains were made. There is a lack of documentation indicating the injured worker has plateaued with physical therapy and would not benefit from other interventions. The requesting physician did not provide a functional capacity evaluation or a psychological assessment to demonstrate whether the injured worker would benefit from the program. The requesting physician did not provide a description of the injured worker's occupational physical requirements. Therefore, the request for the work hardening is not medically necessary.