

Case Number:	CM14-0191343		
Date Assigned:	11/25/2014	Date of Injury:	04/22/2013
Decision Date:	01/09/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/17/2014

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 Pain Medicine 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 is a patient with a date of injury of 4/22/13. A utilization review determination dated 11/6/14 recommends non-certification of 4 weeks of work conditioning/hardening. I noted that the patient recently had an orthopedic evaluation and was said to be a surgical candidate, although the patient should lose weight first. 11/12/14 medical report identifies that the patient has a job to return to, the injury was less than two years ago, and the patient has failed standard outpatient PT. The patient wishes to avoid surgery if possible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four (4) weeks of Work Conditioning/ Hardening Program for 4 hours per day, 5 days per week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning/Hardening. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Medicine Guidelines, Work Conditioning

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-6 of 127.

Decision rationale: Regarding the request for work conditioning/hardening, Chronic Pain Medical Treatment Guidelines cite various criteria for admission to work hardening: (1) 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). (2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning. (3) Not a candidate where surgery or other treatments would clearly be warranted to improve function. (4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week. (5) A defined return to work goal agreed to by the employer & employee: (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training. (6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. (7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit. (8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less. (9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. Within the documentation available for review, there is no indication of a recent FCE, PT and/or OT with improvement followed by plateau, and a defined return to work goal exceeding the patient's abilities. Furthermore, the request exceeds the initial recommendations of 1-2 weeks per the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested work hardening/conditioning is not medically necessary.