

Case Number:	CM14-0195977		
Date Assigned:	12/03/2014	Date of Injury:	07/05/2013
Decision Date:	01/23/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/24/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, bilateral knee, and bilateral heel pain reportedly associated with cumulative trauma at work between the dates July 11, 2011 through July 10, 2013. In a Utilization Review Report dated November 7, 2014, the claims administrator denied a request for 10 sessions of work hardening and work conditioning, denied work hardening/work conditioning screening, denied a psychosocial factor screening. The applicant's attorney subsequently appealed. In a November 7, 2014 progress note, the applicant was described as having completed 6 of 10 sessions of requested work hardening. The attending provider stated that he was ceasing the work hardening on the grounds that the claims administrator had apparently denied the same. In a work status report dated November 7, 2014, it was acknowledged that the applicant had restrictions in place and was temporarily partially disabled. It did not appear that the applicant was working. On October 10, 2014, the applicant reported ongoing, multifocal complaints of neck, low back, bilateral knee, bilateral ankle, and bilateral foot pain. The applicant was status post knee surgery, it was noted. Work hardening and work conditioning were sought. The applicant had completed acupuncture and had reportedly reached the plateau over the same. The attending provider stated that work hardening would be beneficial. A psychosocial factor screen and work hardening screening were concurrently sought. The applicant was given an extremely proscriptive limitation of "no kneeling or stooping." There was no mention of the applicant's having a job to return to. It did not appear that the applicant was working. In a functional capacity evaluation dated July 5, 2013, the applicant's work status, once again, was not clearly outlined. On June 18, 2014, the applicant was given prescriptions for several topical compounded drugs. On June 18, 2014, the attending provider reiterated his request for work hardening. The

attending provider placed the applicant off of work, on total temporary disability. There was no mention of the applicant's having a job to return to.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 postoperative visits of a work hardening/conditioning program with use of electrical stimulation, infrared, theraband, rockerboard: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning/hardening screening. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Physical Medicine Guidelines- Work Conditioning

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125.

Decision rationale: As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of a work hardening program is evidence that an applicant has a clearly defined return to work goal agreed upon by both the employer and employee. In this case, there was no mention of the applicant's having a clearly defined return to work goal. There was no mention of the applicant's having a job to return to. Page 125 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that applicants more than two years removed from the stated date of injury may not benefit from work hardening programs. Here, the stated date of injury was July 1, 2011 through July 10, 2013 cumulative trauma (CT). It appeared, thus, that the applicant was outside of the two-year mark of the date of injury as of the date work hardening was requested. Therefore, the request was not medically necessary.

1 work conditioning/hardening screening: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Physical Medicine Guidelines- Work Conditioning

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125.

Decision rationale: As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of a work hardening program is evidence that an applicant has a clearly defined return to work goal agreed to by both the applicant and employer. There was no mention of the applicant having to return to work. There was no mention of the applicant's willingness to return to the workplace and/or workforce. There was no mention of the applicant's having a defined return to work goal agreed upon prior to consideration of the work hardening program and/or associated work hardening screening evaluation. Therefore, the request was/is not medically necessary.

1 psychosocial factors screening: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 226.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125.

Decision rationale: While page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that a screening process/screening evaluation should be performed prior to consideration of a work hardening program, this recommendation, however, is qualified by commentary made on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that work hardening should only be considered in applicants who have a clearly defined return to work goal agreed upon by the employer and applicant at the outset. In this case, there was no mention of the applicant's having a job to return to. There was no mention of the applicant's willingness to return to the workplace and/or workforce prior to consideration of the work hardening program and/or precursor psychosocial factor screening. Therefore, the request is not medically necessary.