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| Case Number: | CM15-0006080 | | |
| Date Assigned: | 01/20/2015 | Date of Injury: | 02/27/2012 |
| Decision Date: | 03/23/2015 | UR Denial Date: | 12/29/2014 |
| Priority: | Standard | Application Received: | 01/12/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43-year-old female who reported an injury on 02/27/2012. The mechanism of injury was not provided. Her diagnoses include chronic low back pain, lumbosacral radiculopathy, lumbar disc herniation and left toe injury. Her surgical history includes a left L5-S1 microdiscectomy and implantation of a spinal cord stimulator. Other past treatments included physical therapy, medications, and a home exercise program. At her followup appointment on 12/18/2014, the injured worker reported low back pain and left leg shooting pain. It was noted that she had completed 4 sessions of physical therapy. She reported pain with physical therapy which she managed with a muscle relaxant and Percocet after her physical therapy sessions. It was also noted she was participating in a home exercise program. She was shown to not be working and details regarding her job were not provided. Her physical examination revealed an antalgic gait, positive left straight leg raise, and mildly decreased bilateral ankle strength. Range of motion was not tested. The treatment plan included medication refills, physical therapy, and followup if needed. It was noted that the injured worker would be kept off work from 12/18/2014 through 01/06/2015 due to incapacitating injury/pain. The Request for Authorization form dated 12/18/2014 included a request for physical therapy for the neck and back to include a work hardening program. A rationale for the requested work hardening program was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening Physical Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Conditioning, Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work hardening/work conditioning Page(s): 125-126..

Decision rationale: According to the California MTUS Guidelines, a work hardening program may be recommended for patients with work related musculoskeletal conditions with functional limitations precluding the ability to safely achieve current job demands in a medium or higher demand level. Work hardening programs are not recommended for clerical or sedentary work. Additionally, a functional capacity evaluation (FCE) should show consistent results with maximal effort demonstrating capacities below an employer verified physical demands analysis (PDA). Further, documentation should show that the patient has completed an adequate trial of physical therapy with objective functional improvement followed by a plateau and that the patient is unlikely to benefit from continued physical therapy or general conditioning. There should also be documentation indicating that the patient is not a candidate for surgery or other treatments, that the patient has physical/medical recovery sufficient to allow for progressive participation in an intensive physical therapy program, a defined return to work goal agreed to by the employer and employee, and the specific job to return to with detailed job demands that exceed current abilities. Additionally, the worker should not be more than 2 years past date of injury as workers that have not returned to work 2 years post injury may not benefit from this type of program. Further, work hardening programs should be completed within 4 weeks and treatment is not supported for longer than 1 to 2 weeks without evidence of compliance and objective functional improvement. The patient was noted to have suffered an injury to her lower back on 02/27/2012. Therefore, she has exceeded 2 years since the date of injury. Additionally, she was noted to have participated in physical therapy and to be performing home exercises; however, the documentation only shows that she has completed 4 sessions of physical therapy and there was no evidence to show significant objective functional improvement followed by a plateau. Additionally, it was noted that the injured worker was not working; however, it is unclear whether her job falls within the medium or higher physical demand level as a detailed job description was not included as required by the guidelines. Moreover, an FCE was not included to show results with maximal effort demonstrating capacities below the required physical demand analysis. Moreover, it is unclear whether the injured worker is a surgical candidate or likely to benefit from other treatment modalities. Furthermore, the request as submitted did not include a frequency or specify the number of visits requested or duration of the requested program. For the reasons noted above, the request is not supported by the referenced evidence based guidelines. As such, the request is not medically necessary.