

Case Number:	CM15-0103432		
Date Assigned:	06/05/2015	Date of Injury:	01/21/2014
Decision Date:	07/09/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/29/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 51-year-old who has filed a claim for chronic bilateral shoulder, neck, upper back, wrist, hand, and low back pain reportedly associated with an industrial injury of January 21, 2014. In a Utilization Review report dated May 11, 2015, the claims administrator failed to approve requests for 10 sessions of work hardening/work conditioning. A RFA form of March 30, 2015 and an associated progress note of the same date were referenced in the determination. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated April 1, 2015, the applicant presented alleging multifocal complaints of neck, upper back, mid back, low back, shoulder, arm, elbow, wrist, forearm, hand, thumb, and finger pain with associated upper extremity paresthesias reportedly attributed to cumulative trauma at work. The applicant was on tramadol, topical compounds, hydrochlorothiazide, losartan, Norvasc, Pamelor, and Lipitor, it was reported. The applicant had been off of work between January 2014 through present, it was further noted. On March 30, 2015, one of the applicant's treating providers again reported ongoing complaints of neck, mid back, low back, bilateral shoulder, and bilateral wrist pain. Ten sessions of work hardening were proposed, along with a muscle stimulator device. A 15-pound lifting limitation was endorsed, although it was acknowledged it was suggested that the applicant was not working with said limitation in place. The attending provider stated that the goal of work hardening was to improve the applicant's overall capacity, although it was not stated whether the applicant did or did not have 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:

Work Hardening/Conditioning Program x 10 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: No, the request for a work hardening/work conditioning program from 10 visits was not medically necessary, medically appropriate, or indicated here. As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of a work hardening or work-conditioning program is evidence that an applicant has a defined return to work goal agreed upon by employer and employee. Here, however, it did not appear that the applicant had a job to return to as of the date of the request, March 30, 2015. A medical-legal evaluator reported on April 1, 2015 that the applicant had been off of work since January 22, 2015, i.e., for over 15 months. It did not appear, thus, that the applicant had a job to return to some 15 months after the date total temporary disability benefits commenced. Page 125 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an applicant must be able to benefit from the program and should have functional and/or psychological limitations, which are likely to improve with said program. Page 125 of the MTUS Chronic Pain Medical Treatment Guidelines notes that approval of the program should be contingent on a screening process. Here, however, there was no mention of the applicant's having completed any kind of precursor screening evaluation. Since multiple criteria set forth on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines for pursuit of work hardening and/or work conditioning were not met, the request, thus, was not indicated. Therefore, the request was not medically necessary.