

<b>Case Number:</b>	CM15-0105333		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	02/05/2014
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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

Certification(s)/Specialty: Emergency 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 injured worker is a 43 year old male, who sustained an industrial injury on February 5, 2014. He reported head pain, neck pain, back pain and left foot and ankle pain after falling from a ladder. He noted after he fell cleaning supplies fell on him. The injured worker was diagnosed as having left ankle sprain and tenosynovitis, cervical strain/sprain, lumbar sprain/strain and thoracic sprain/strain. Treatment to date has included diagnostic studies, chiropractic care, acupuncture, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued head pain, back pain and left lower extremity pain. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on December 4, 2014, revealed continued pain with associated symptoms. Evaluation on January 26, 2015, revealed continued pain as noted injections to the foot were recommended. Work conditioning 2x4 for lumbar and cervical spine and left ankle were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work Conditioning 2x4 for Lumbar and Cervical Spine and Left Ankle: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** As per MTUS Chronic pain guidelines, Work conditioning may be considered under specific criteria. Pt fails multiple criteria. Basic criteria that is especially noted, is that criteria requires an adequate trial of physical therapy/occupational therapy with a plateau that is not likely to improved with continued therapy. Documentation states that patient has "completed" a course of physical therapy in the past but there is no documentation of number done, response to therapy and current plan; in fact provider documented that he had no information concerning total number of PT sessions completed so far and what actual response was documented. Patient cannot have "plateaued" in physical therapy when the provider does not even know any details of prior physical therapy. Criteria requires documentation of demand level of job. The provider has consistently failed to provide information concerning if patient is in a medium or high level demand job and how work hardening will aid in return to full function safely. There is no documentation of why no surgical or interventional procedures is not considered. There is no documentation of assessment of physical and psychological barriers being assessed and success of program documented. Provider has failed to document multiple required components required by MTUS guidelines. Work Hardening is not medically necessary.