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| Case Number: | CM15-0131224 | | |
| Date Assigned: | 07/17/2015 | Date of Injury: | 12/28/2013 |
| Decision Date: | 08/13/2015 | UR Denial Date: | 06/12/2015 |
| Priority: | Standard | Application Received: | 07/07/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old female sustained an industrial injury to the back and neck on 12/28/13. Previous treatment included cervical decompression and fusion (1/27/14), physical therapy, epidural steroid injections and medications. In a PR-2 dated 5/27/15, the injured worker returned earlier than expected stating that her recent return to full-duty work had been putting a lot of stress on her neck. The injured worker stated that she felt that she rushed back to work and wanted to go on light duty with shorter hours. Physical exam was remarkable for a completely healed surgical incision without signs of infection with 5/5 motor strength and intact sensation throughout. Current diagnoses included status post C4 to C7 decompression and fusion. The treatment plan included a work hardening program to make her stronger so she could return to work and cutting down her current work hours to four hours a day for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening Program 4x4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11, Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening, Physical Medicine, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Online Version, Work hardening, conditioning.

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

Decision rationale: The claimant sustained a work injury in December 2013 and underwent a multilevel anterior cervical decompression and fusion in January 2015. When seen, she had returned to work as a nurse. She felt that she had returned to work too soon and wanted to decrease her hours. Physical examination findings included normal upper extremity and lower extremity strength. The claimant weight had increased from 211 to 228 pounds. Authorization for work conditioning was requested. The purpose of work conditioning / hardening is to prepare a worker who has functional limitations that preclude the ability to return to work at a medium or higher demand level. Participation is expected for a minimum of 4 hours a day for three to five days a week with treatment for longer than 1-2 weeks if there is evidence of patient compliance and demonstrated significant gains. In this case, although work conditioning would be appropriate for this claimant, it is being requested for four weeks. The request is in excess of that recommended and is not medically necessary.