

Case Number:	CM15-0167557		
Date Assigned:	09/11/2015	Date of Injury:	01/14/2014
Decision Date:	10/08/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/25/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This is a 44-year-old female with a date of injury of January 14, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spondylosis without myelopathy and degeneration of cervical intervertebral disc. Medical records (May 14, 2015) indicate that the injured worker states that physical therapy "Is definitely helping". A progress note dated April 16, 2015 notes subjective complaints of some neck pain and intermittent arm symptoms. Per the treating physician (May 14, 2015), the employee has not returned to work. The physical exam (May 14, 2015) reveals good range of motion of the neck, and good strength through the upper extremities. The progress note dated April 16, 2015 documented a physical examination that showed good range of motion of the neck and remains neurovascularly intact in the upper extremities. Treatment has included at least twenty one sessions of physical therapy, and magnetic resonance imaging of the cervical spine (April 11, 2015) that showed a resolved cervical herniated disc, degeneration of C5-6 and C6-7 with associated disc bulging, and some neural foraminal narrowing in the right at C5-6. The original utilization review (August 17, 2015) non-certified a request for a work hardening program three to five times a week, three to four hours a day, for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening program 3 to 5 times a week for 3 to 4 hours, quantity: 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for admission to a Work Hardening (WH) Program.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

Decision rationale: According to MTUS guidelines, "Work conditioning, work hardening. Recommended as an option, depending on the availability of quality programs. Criteria for admission to a Work Hardening Program: (1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). (2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning. (3) Not a candidate where surgery or other treatments would clearly be warranted to improve function. (4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week. (5) A defined return to work goal agreed to by the employer & employee: (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training. (6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. (7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit. (8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less. (9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. (10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury." Based on the above, a single visit for work hardening is recommended rather than 12 visits. This visit will determine if the patient is eligible for more sessions and if he can benefit from the program. Therefore, the request is not medically necessary.