

Case Number:	CM15-0190827		
Date Assigned:	10/02/2015	Date of Injury:	09/13/2013
Decision Date:	11/18/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/28/2015

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, Hawaii
 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 54 year old male, who sustained an industrial injury on 9-13-2013. He reported cumulative trauma injuries to the low back and left shoulder from heavy lifting activity. Diagnoses include lumbar disc degeneration, lumbar facet joint pain, myofascial pain, bursitis of the shoulder, and chronic pain. Treatments to date include activity modification, medication therapy, 18 physical therapy sessions, and one lumbar diagnostic medial branch block with 50% relief noted. Currently, he complained of ongoing pain in the low back and left shoulder. The provider documented physical limitations and the need for total assistance with cleaning, yard work, and activities of lifting. The provider documented a work hardening program would be necessary due to a height of six foot tall and weight of 280 pounds to teach proper body mechanics so he could continue to work. On 8-13-15, the physical examination documented no acute findings. The plan of care included ongoing work restrictions, medication management, and a work hardening program. The appeal requested authorization for a work hardening program for ten days for the left shoulder and low back. The Utilization Review dated 9-17-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening program x 10 days for left shoulder and low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient presents with diagnoses including lumbar disc degeneration, lumbar facet joint pain, myofascial pain, bursitis of the shoulder and chronic pain. Currently the patient complains of ongoing pain in the low back and left shoulder. The provider documented physical limitations and the need for total assistance with cleaning, yard work and activities of lifting. The provider also documented a work hardening program would be necessary due to a height of six foot tall and a weight of 280 pounds to teach proper body mechanics so the patient could continue to work. The current request is for Work hardening program x 10 days for left shoulder and low back. The treating physician states in the treating report dated 8/13/15 (197B), "At this point what I believe would benefit this patient most and bring this case to a close would be participation in a work hardening program. Ten days I believe would suffice. Participation in a work hardening program would both reduce his restrictions as well as teach him the proper body mechanics to continue at work." MTUS Guidelines state, recommended as an option, depending on the availability of quality programs. MTUS goes further to define the criteria for admission to a Work Hardening Program: (1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands. (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. (6) The worker must be able to benefit from 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. In this case, the worker is more than 2 years past the date of injury however, the worker has returned to work on a modified duty basis. With that said, the clinical history fails to document a defined return to work goal agreed to by the employer & employee or evidence that a screening process that includes file review, interview and testing to determine likelihood of success in the program has been completed. Without an employment agreement and evidence of completion of a screening process, the medical necessity of the proposed treatment is not consistent with MTUS Guidelines. The current request is not medically necessary.