

Case Number:	CM15-0192901		
Date Assigned:	10/07/2015	Date of Injury:	10/08/2009
Decision Date:	11/18/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/01/2015

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: 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 39 year old male who sustained an industrial injury on 10-8-09. The medical records indicate that the injured worker is being treated for wrist sprain; forearm contusion; lumbar sprain-strain. He currently (7-20-15) complains of neck pain and heaviness radiating to mid-back, shoulder blade to lower back and legs. The physical exam revealed mild loss of neck range of motion with pain and stiffness, diffuse tenderness to palpation and hypertonicity. The pain level in the 3-11-15 note was 5-6 out of 10 further enumerations were not present. Prior physical therapy or occupational therapy sessions were not present. On 9-3-15 utilization Review non-certified the request for work conditioning program for 10 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning program, 10 sessions: Upheld

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

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

Decision rationale: The current request is for WORK CONDITIONING PROGRAM, 10 SESSIONS. The RFA is dated 08/17/15. Treatment history include custom orthotics, chiro treatments, physical therapy, home exercise program and medications. The patient is working with restrictions. MTUS Guidelines, Work Conditioning/Work Hardening section, page 125 has the following: "Criteria for admission to a Work Hardening Program: (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." Per report 08/17/15, the patient complains of neck pain, and low back pain that radiated to the legs. The physical examination revealed mild loss of neck range of motion with pain and stiffness, diffuse tenderness to palpation and hypertonicity. Lumbar spine examination revealed tenderness over the right side, with decrease range of motion. The treater does not provide a rationale for the requested work-conditioning program. In regard to the work conditioning program, there is no defined return to work goal as agreed upon by the employer/employee. There is no evidence that the requested work conditioning includes on-the-job training, either. Without documentation of an employer/employee agreement, or a specific discussion regarding return to a job that exceeds this patient's abilities, the requested work conditioning cannot be supported. Therefore, the request IS NOT medically necessary.