

Case Number:	CM15-0194656		
Date Assigned:	10/08/2015	Date of Injury:	11/03/2014
Decision Date:	11/18/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/05/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 50 year old male, who sustained an industrial injury on 11-3-2014. Medical records indicate the worker is undergoing treatment for lumbar degenerative disc disease, chronic left knee strain and history of facial trauma. A recent progress report dated 8-31-2015, reported the injured worker complained of low back pain rated 6-7 out of 10. He reports physical therapy and acupuncture were not helpful, but the work hardening program is helpful. Physical examination revealed lumbar paraspinal tenderness with difficulty squatting. Treatment to date has included acupuncture, physical therapy and medication management. On 9-4-2015, the Request for Authorization requested Physical therapy work hardening program; first 2 hours of 4 hours (Sessions) QTY: 10 and Physical therapy work hardening program; second 2 hours of 4 hours (Sessions) QTY: 10. On 9-14-2015 the Utilization Review non-certified the request for Physical therapy work hardening program; first 2 hours of 4 hours (Sessions) QTY: 10 and Physical therapy work hardening program; second 2 hours of 4 hours (Sessions) QTY: 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy work hardening program; first 2 hours of 4 hours (Sessions) QTY: 10:
 Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Work hardening program.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy work hardening program; first two hours of four hours (sessions #10) is not medically necessary. The return work demands patient with the is not medically necessary. Work hardening is recommended as an option for treatment of chronic pain syndromes, depending on the availability of quality programs. Work hardening is an interdisciplinary, individualized, job specific program of activity with the goal of return to work. The criteria include screening documentation, diagnostic interview with a mental health provider, job demands, functional capacity evaluation, previous physical therapy, rule out surgery, other contraindications, or return to work plan, drug problems, program documentation, further mental health evaluation, supervision, a trial (not longer than one-two weeks without evidence of compliance and demonstrated significant gains objective and subjective), currently working (worker must be no more than two years past date of injury), program timelines and repetition. In this case, the injured workers working diagnoses are pain in joint lower leg any: lumbar degenerative disc disease; lumbago; limb pain; and injury of face and neck. The date of injury is November 3, 2014. The request for authorization is dated September 4, 2015. The request for authorization indicates a request for additional work hardening at Bay Area Pain and Wellness. Additional information provided indicates a request for four hours per day for five days a week for an additional two weeks. According to the August 31, 2015 progress note, the injured worker presents complaining of low back pain. The worker reports past physical therapy and acupuncture were not significantly helpful to the point where he can regain strength and return to his prior job. The injured worker has started a work hardening program and is enjoying it. There is no documentation demonstrating objective functional improvement. The specific work hardening therapy sessions were not included in the provider's clinical rationale for additional work hardening. There is no documentation of prior physical therapy (before the work hardening program) and the total number of therapy visits during the work hardening program. There are no compelling clinical facts indicating additional work hardening for an additional two weeks is clinically indicated. There is no provider clinical rationale for additional work hardening. The guidelines recommend physical therapy when there is an adequate trial of active physical rehabilitation with improvement followed by a plateau. As noted above, there is no evidence of improvement with physical therapy. There is no mental health evaluation in the medical record. There was no functional capacity evaluation in the medical record. There was no specific defined return to work goal or job plan established, communicated or documented. Upon completion of a rehabilitation program (e.g. work conditioning, work hardening) neither re-enrollment nor repetition of the same or similar rehab program is medically warranted for the same condition. As noted above, the treating provider is requesting an additional two weeks of a work hardening program. Based on the clinical information and medical record, peer-reviewed evidence-based guidelines, no documentation of a functional capacity evaluation or mental health evaluation, and guideline non-recommendations for re-enrollment or repetition in a similar rehabilitation program for the same condition, physical therapy work hardening program; first two hours of four hours (sessions #10) is not medically necessary.

Physical therapy work hardening program; second 2 hours of 4 hours (Sessions) QTY: 10:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Work hardening program.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy work hardening program; second two hours of four hours (sessions #10) is not medically necessary. Work hardening is recommended as an option for treatment of chronic pain syndromes, depending on the availability of quality programs. Work hardening is an interdisciplinary, individualized, job specific program of activity with the goal of return to work. The criteria include screening documentation, diagnostic interview with a mental health provider, job demands, functional capacity evaluation, previous physical therapy, rule out surgery, other contraindications, or return to work plan, drug problems, program documentation, further mental health evaluation, supervision, a trial (not longer than one-two weeks without evidence of compliance and demonstrated significant gains objective and subjective), currently working (worker must be no more than two years past date of injury), program timelines and repetition. In this case, the injured workers working diagnoses are pain in joint lower leg any: lumbar degenerative disc disease; lumbago; limb pain; and injury of face and neck. The date of injury is November 3, 2014. The request for authorization is dated September 4, 2015. The request for authorization indicates a request for additional work hardening at Bay Area Pain and Wellness. Additional information provided indicates a request for four hours per day for five days a week for an additional two weeks. According to the August 31, 2015 progress note, the injured worker presents complaining of low back pain. The worker reports past physical therapy and acupuncture were not significantly helpful to the point where he can regain strength and return to his prior job. The injured worker has started a work hardening program and is enjoying it. There is no documentation demonstrating objective functional improvement. The specific work hardening therapy sessions were not included in the provider's clinical rationale for additional work hardening. There is no documentation of prior physical therapy (before the work hardening program) and the total number of therapy visits during the work hardening program. There are no compelling clinical facts indicating additional work hardening for an additional two weeks is clinically indicated. There is no provider clinical rationale for additional work hardening. The guidelines recommend physical therapy when there is an adequate trial of active physical rehabilitation with improvement followed by a plateau. As noted above, there is no evidence of improvement with physical therapy. There is no mental health evaluation in the medical record. There was no functional capacity evaluation in the medical record. There was no specific defined return to work goal or job plan established, communicated or documented. Upon completion of a rehabilitation program (e.g. work conditioning, work hardening) neither re-enrollment or repetition of the same or similar rehab program is medically warranted for the same condition. As noted above, the treating provider

is requesting an additional two weeks of a work hardening program. Based on the clinical information and medical record, peer-reviewed evidence-based guidelines, no documentation of a functional capacity evaluation or mental health evaluation, and guideline non-recommendations for re-enrollment or repetition in a similar rehabilitation program for the same condition, physical therapy work hardening program; second two hours of four hours (sessions #10) is not medically necessary.