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| Case Number: | CM15-0208522 | | |
| Date Assigned: | 10/27/2015 | Date of Injury: | 05/08/2015 |
| Decision Date: | 12/09/2015 | UR Denial Date: | 10/19/2015 |
| Priority: | Standard | Application Received: | 10/22/2015 |

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: Preventive Medicine, Occupational 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 40 -year-old male who sustained an industrial injury on 5-8-2015 and has been treated for concussion without coma, spasm of accommodation, and sprained right wrist and left ring finger joint. Diagnostic studies of the brain are stated to be without abnormal findings. On 10-7-2015 the injured worker reported dizziness, poor balance, headaches, and double vision. Objective examination included a "detailed neurological examination" and noted that the injured worker was alert and oriented with "intact" cranial nerves and cerebellar signs. The physician also noted that the injured worker was "very de-conditioned" and balance appeared "normal." Documented treatment includes a referral to a neuro-ophthalmologist. He is taking no medication. The treating physician's plan of care includes 6 sessions of a work conditioning program to "improve balance and strength for a plan to return to regular duty," which was denied on 10-19-2015. The injured worker is currently on work restrictions, however, it is not documented if he is working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning program Qty: 6.00: 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 MTUS Guidelines recommend the use of work hardening as an option, depending on the availability of quality programs. Criteria for admission to a work hardening program include; 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. 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. 7) The worker must be no more than 2 years past date of injury. 8) 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, neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. The above requirements for entry into a work conditioning program have not been met. The request for work conditioning program Qty: 6.00 is determined to not be medically necessary.