

Case Number:	CM15-0213492		
Date Assigned:	11/03/2015	Date of Injury:	01/26/2015
Decision Date:	12/15/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/29/2015

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

Certification(s)/Specialty: Family Practice

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 48 year old male, who sustained an industrial injury on 01-26-2015. The injured worker was able to return to work with modifications as of 05-29-2015. Medical records indicated that the injured worker is undergoing treatment for left radius fracture status post open reduction and internal fixation, left acetabulum fracture status post open reduction and internal fixation, frontal sinus fracture status post repair, basilar skull fracture, and Lefort III fractures. Treatment and diagnostics to date has included physical therapy (discharge note dated 10-01-2015 noted "I feel much stronger and I am walking better" and all long term goals "met"), home exercise program, and use of medications. Medications have included Ibuprofen, Methocarbamol, and Norco. Subjective data (04-17-2015 and 05-29-2015), included left hip and lumbar pain. Objective findings (05-29-2015) included limited range of motion to left wrist, left hand fingers, and left hip with tenderness over left lateral hip area, and left sided paralumbar muscles with spasms. The Utilization Review with a decision date of 10-12-2015 non-certified the request for physical therapy-work hardening x 12 for the left hip and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy/Work Hardening x 12 visits for the left hip and wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that work conditioning is recommended as an option. To qualify, the MTUS gives specific criteria: 1. Functional limitations precluding ability to safely achieve job demands, 2. After trial of physical therapy and unlikely to benefit from continued physical therapy, 3. Not a candidate for surgery or other treatments, 4. Recovery from the conditioning to allow a minimum of 4 hours a day for three to five days a week of active participation at work, 5. A defined return to work goal, 6. Worker must be able to benefit from the program, 7. Worker must be no more than 2 years post date of injury, 8. Work conditioning should be completed in 4 weeks or less, 9. Treatment is not supported for longer than 1-2 weeks without evidence of compliance and benefit, 10. Upon completion, there is no need to repeat the same or similar conditioning program in the future. For those who qualify, the MTUS Guidelines suggest up to 10 visits over 8 weeks. In the case of this worker, there was report of having benefited from the physical therapy completed, which recent continued improvement and home exercise compliance. Although there was no evidence to suggest the worker required supervision at this stage in his physical therapy, additional physical therapy seems to be helping. However, request for work hardening combined with this seems unnecessary as there should be full benefit achieved from physical therapy first before considering this request. Also, the request for 12 sessions is more than necessary for trial of work hardening. Therefore, this request for PT/work hardening is not medically necessary at this time.