

Case Number:	CM15-0086802		
Date Assigned:	05/11/2015	Date of Injury:	07/17/2013
Decision Date:	06/17/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/06/2015

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 48 year old female, who sustained an industrial injury on July 17, 2013, incurring low back and neck injuries. She was diagnosed with a low back strain. Treatment included anti-inflammatory drugs and work restrictions. Currently, the injured worker had been accepted to return to work if she met certain physical requirements. She complained of persistent back pain radiating down the left extremity, left knee, left cervical neck and left shoulder pain. The injured worker rated her pain as 6-10/10. She was allowed to work with restrictions of no bending, twisting, lifting or squatting, no walking greater than an hour, no lifting or carrying more than 20 pounds and the ability to sit and stand at will. The treatment plan that was requested for authorization included a work hardening program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening program, 2 partial day sessions per week, total 36-48 hours: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

Decision rationale: The patient presents with pain affecting the left knee, left cervical neck, left shoulder, and back with radiation down the left lower extremity. The current request is for Work hardening program, 2 partial day sessions per week, total 36-48 hours. The treating physician report dated 4/17/15 (7B) states, "If (the patient) does not start a program such as this soon, then she becomes at high risk for developing a chronic pain syndrome and may require psychological intervention and a more intensive active rehabilitation program, which can likely be avoided." The report also states, "FCE completed and shows she is capable of light PDC for work." She states that HR will not take her back unless she has no restrictions in her job as a caregiver. The report further states, "Based upon the FCE, she is remediable. She does have a job to go back to and wants to RTW. I will re-request authorization for a work hardening program to get her back to work." A report dated 4/22/14 (77B) states, "Standard physical therapy did not get her to the point where she could RTW and she needs therapy over and beyond standard PT. I believe that with a work conditioning program she has a good chance to RTW with no limitations." The MTUS guidelines page 125 states Work conditioning, work hardening programs are recommended as an option depending on the availability of quality programs. Criteria for admission to Work Hardening Program include (2) After treatment with an adequate trail of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continue physical or occupational therapy (3), Not a candidate where surgery or other treatments would clearly be warranted to improve function (5), a documented specific job to return to; and (6), Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. In this case, the patient has met all of the required criteria set forth by the MTUS guidelines page 125 for admission to a work hardening program. Furthermore, the patient is extremely motivated to return to work and knows she must be 100% before her employer will let her return. Recommendation is for authorization. The request is medically necessary.