

Case Number:	CM14-0114498		
Date Assigned:	09/16/2014	Date of Injury:	03/29/2014
Decision Date:	11/04/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient has a date of injury of 3/29/2014. The mechanism of injury is described as a motor vehicle collision causing injuries. The diagnosis are cervical sprain, cervical enthesopathy, bursitis, enthesopathy of ankle, knee pain and leg fracture. The last medical report was reviewed and available was from 6/17/14. Several of the provided hands written progress notes are not legible. The patient complains of neck pain and left knee pain and the left knee pain radiated to the left thigh and was associated with burning. An objective exam revealed neck stiffness and decreased range of motion. Muscle spasms were also noted. A cervical spine x-ray dated (5/29/14) revealed degenerative osteophytes of anterior and posterior inferior endplates of C5-6 and osteoarthritis at C5-6 and C6-7. A left knee x-ray dated (6/3/14) reveals comminuted fracture in medial aspect of tibial diaphysis, degenerative osteophyte off medial tibial spine and metallic plates and screws in proximal femur. No medication list was provided for review. It is noted that the patient is only on Norco. Independent Medical Review is for Work conditioning 2x/per week for 3weeks of cervical spine and L knee. A prior UR on 6/27/14 was determined not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK CONDITIONING 2XWK X 3WKS CERVICAL & LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Work Conditioning, Work Hardening>, Page(s): page(s) <125>.

Decision rationale: As per MTUS Chronic pain guidelines, Work conditioning may be considered under specific criteria. Due to lack of documentation, physical therapy fails multiple criteria. Basic criteria that is especially noted, is that criteria requires an adequate trial of physical therapy/occupational therapy with a plateau that is not likely to improve with continued therapy. Physical therapy has only had 6 sessions of chiropractic. There is no other documentation of physical therapy or proper pain control prior to request. Work conditioning is not medically necessary.