

Case Number:	CM14-0131849		
Date Assigned:	09/16/2014	Date of Injury:	02/06/2012
Decision Date:	10/16/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/18/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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:

This is a male patient with a date of injury of February 6, 2012. A utilization review determination dated July 25, 2014 recommends non-certifications of 10 sessions of working conditioning. A progress note dated June 26, 2014 contains illegible subjective complaints, physical examination, and diagnoses. The treatment plan recommends physical therapy and work conditioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Sessions of Working Conditioning; (work related, intensive, goal oriented treatment program specifically designed to restore strength, endurance, movement, flexibility, motor control and cardiopulmonary functions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 125-126 OF 127.

Decision rationale: Regarding the request for 10 sessions of work conditioning, California MTUS and ODG support up to 10 sessions of work conditioning. Work conditioning amounts to

an additional series of intensive physical therapy visits required beyond a normal course of physical therapy, primarily for exercise training/supervision. Within the documentation available for review, there is no documentation regarding the patient's improvement with the physical therapy already provided, there is no statement that the patient has reached a plateau, nor is there any indication that the patient would not likely benefit from continued physical therapy. In light of the above issues, the currently requested 10 sessions of work conditioning are not medically necessary.