MAXIMUS Federal Services

Case Number:	CM14-0161591		
Date Assigned:	10/07/2014	Date of Injury:	03/05/2013
Decision Date:	11/07/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/01/2014

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 & Rehabilitation 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 57 year-old patient sustained an injury on 3/5/13 while employed by [redacted] Request(s) under consideration include Work Hardening. Diagnoses include s/p right knee arthroscopic surgery on 2/28/14 and shoulder arthroscopy in February 2014. Previous job requires lifting 25 to 75 lbs. Hand-written PT report of 6/6/14 noted patient doing elliptical and stair climbing with pain reported 1-2/10 with normal strength and ROM; lifting 75 lbs. from floor to waist and waist to shoulder and carrying 75 lbs. 10 feet. Treatment plan was to continued therapy. AME report of 8/4/14 noted the patient was seen for his neck, shoulders, and knees with continued constant pain, numbness and weakness. Diagnoses included closed head injury with left frontal avulsion/laceration; left fifth digit distal fracture/ dislocation requiring amputation; cervical spinal stenosis s/p decompressive laminectomy with fusion C3-7 and facet fusion C5-6; s/p lumbar decompressive laminectomy at L2-5 with left L3-5 discectomies; s/p right shoulder arthroscopic rotator cuff repair; s/p right CTR; and right knee meniscus tear s/p arthroscopic reconstruction. The patient was considered MMI and P&S with future medical for permanent disability. It was noted the patient "will require a permanently modified or alternative job or the Supplemental Job Displacement Benefit with unlikelihood of returning to previous work as a package delivery driver for [redacted] at any time within the foreseeable future." The request(s) for Work Hardening was non-certified on 9/24/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125.

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

Decision rationale: This 57 year-old patient sustained an injury on 3/5/13 while employed by [redacted]. Request(s) under consideration include Work Hardening. Diagnoses include s/p right knee arthroscopic surgery on 2/28/14. Previous job requires lifting 25 to 75 lbs. Hand-written PT report of 6/6/14 noted patient doing elliptical and stair climbing with pain reported 1-2/10 with functional strength and ROM; lifting 75 lbs. from floor to waist x1 and waist to shoulder and carrying 75 lbs. 10 feet. Treatment plan was to continued therapy. AME report of 8/4/14 noted the patient was seen for his neck, shoulders, and knees with continued constant pain, numbness and weakness. Diagnoses included closed head injury with left frontal avulsion/laceration; left fifth digit distal fracture/ dislocation requiring amputation; cervical spinal stenosis s/p decompressive laminectomy with fusion C3-7 and facet fusion C5-6; s/p lumbar decompressive laminectomy at L2-5 with left L3-5 discectomies; s/p right shoulder arthroscopic rotator cuff repair; s/p right CTR; and right knee meniscus tear s/p arthroscopic reconstruction. The patient was considered MMI and P&S with future medical for permanent disability. It was noted the patient "will require a permanently modified or alternative job or the Supplemental Job Displacement Benefit with unlikelihood of returning to previous work as a package delivery driver for [redacted] at any time within the foreseeable future." The request(s) for Work Hardening was non-certified on 9/24/14. The patient has received extensive amounts of therapy beyond the post-surgical period. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. Records indicate numerous visits have been completed with the patient continuing to treat without documented plateau. The patient's surgery is now over 8 months without documented functional improvement or complications to allow for additional physical therapy. Therapist recorded continued significant pain complaints and clinical findings. AME had noted the unlikelihood for the patient to return to his previous occupation. There is no report of specific job description/demands with set goals demonstrated by measurable improvements to support for work hardening. The patient remained without specific functional improvement from treatment already rendered. The Work Hardening is not medically necessary and appropriate.