

<b>Case Number:</b>	CM14-0096277		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	05/07/2013
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Occupational 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:

There were 38 pages provided for review. The application for independent medical review was signed on June 4, 2014. It was for work hardening screening and a work hardening program. Per the records provided, the claimant is a 19-year-old individual injured back on May 19, 2013. As of May 6, 2014, the patient had increased activities of daily living including lifting about 10 pounds with the right hand. The patient also stop using pain medicine. The pain scale rating decreased to 3-4. The shoulder range of motion was decreased. The treatment plan now was for work hardening and conditioning for 10 visits. A request for authorization form dated April 9, 2014 documented several other requests, such as psychological factors screening, qualified functional capacity evaluation, work hardening program, work hardening screening and magnetic resonance imaging of the cervical spine. It did not appear that basic diagnostic workup had been completed, in the provider's planning. The patient was diagnosed with a cervical disc herniation with myelopathy. There was lumbar disc displacement without myelopathy and adhesive capsulitis of the right shoulder and medial epicondylitis of the right shoulder. There was also lateral epicondylitis of the right shoulder. The current medicine was ibuprofen. There were no documented surgeries. The patient had failed treatment of physical therapy and persisted in having signs of radiculopathy. The patient has plateaued with PT through private insurance. The doctor felt the candidate was a candidate for work hardening and a functional capacity evaluation was necessary to determine that. The work hardening program would be dependent upon the patient's performance in the FCE. The psychological factors were certified as were the office visits. The work hardening program was non-certified as there was no rationale provided by work hardening program is necessary when the patient is not completed a functional capacity evaluation. The exam from May 21, 2014 was reviewed. There was goniometry data, but no

records for documentation of the FCE and I did not find one. There was some mention that the patient actually has completed some work hardening already.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Work Hardening Screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-125.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125.

**Decision rationale:** The MTUS notes regarding work hardening in the Chronic guideline that it is recommended as an option, depending on the availability of quality programs. There must be a work-related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). There must be an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning. In this case, an exhaustion of PT and establishment of a plateau was not clear from the notes. The FCE which was requested was not noted, to validate the need for the hardening. Further, there was a request for further diagnostics in the form of the advanced cervical imaging study, suggesting basic diagnostic work up had not been completed. The request for work hardening therefore was premature, and the request was appropriately not medically necessary.

**Work Hardening Program 10 Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125.

**Decision rationale:** As previously shared, the MTUS notes regarding work hardening in the Chronic guideline that it is recommended as an option, depending on the availability of quality programs. There must be a work-related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). There must be an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning. In this case, an exhaustion of PT and establishment of a plateau was not clear from the notes. The FCE which was requested was not

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