

Case Number:	CM14-0205731		
Date Assigned:	12/17/2014	Date of Injury:	08/01/2013
Decision Date:	03/02/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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

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 patient is a 36 year old female with an injury date of 08/01/13. Based on the 08/18/14 progress report, the patient complains of left sided low back pain and buttock pain which she rates as a 7-8/10. She has left knee pain which she rates as a 4/10 and left ankle/foot pain which she rates as an 8/10. Upon palpation, there is palpable tenderness over the midlines lower lumbar spine, left sacroiliac joint, and left sciatic notch. Dorsalis pedis and posterior tibial pulses are present. She has restricted sensation left L3, L4, L5, and S1 dermatome distribution. Straight leg raise is positive on the left at 70 degrees and on the right at 90 degrees. The 11/11/14 report indicates that the patient's low back pain has numbness radiating into the left buttock and down the posterior thigh around the calf into the plantar aspect of the foot. The patient's diagnoses include the following: Left leg radiculopathy L4-5 annular tear/mild bulge. Mild lateral recess stenosis L4-5 The utilization review determination being challenged is dated 11/24/14. Treatment reports are provided from 08/18/14 and 11/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening physical therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Physical Medicine guidelines- work conditioning

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126.

Decision rationale: The patient presents with low back pain which has numbness radiating into the left buttock and down the posterior thigh around the calf into the plantar aspect of the foot. The request is for WORK HARDENING PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS. MTUS guidelines page 125 recommends work hardening programs as an option and requires specific criteria to be met for admission including work related musculoskeletal condition with functional limitations, trial of PT with improvement followed by plateau, non-surgical candidate, defined return to work goal agreed by employer & employee, etc. A defined return to work goal is described as; (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training. Furthermore, "approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program." MTUS guidelines, page 125-126 also require possible functional capacity evaluation; ability to participate for a minimum of 4 hours day for 3-5 days/week; no more than 2 years from the date of injury; and the program to be completed in 4 weeks or less. The reason for the request is not provided. The 11/11/14 report states that the patient is "temporarily partially disabled. [She] is to remain at modified duty until the next clinic visit. No prolonged sitting more than 30 minutes, no prolonged stand or walking. Limited bending and stooping. No repetitive lifting, pushing, or pulling greater than 15 lbs." In this case, there is no discussion on any "job demands that exceed abilities," as required by MTUS guidelines. In addition, a screening process prior to consideration has not taken place. There are no prior functional capacity evaluations provided nor is there any discussion regarding a defined return to work goal. Furthermore, MTUS page 125-126 allow the work hardening program for "a minimum of 4 hours day for 3-5 days/week; no more than 2 years from the date of injury; and the program to be completed in 4 weeks or less." The treater has requested this therapy for 2 times a week for 6 weeks, which does not meet MTUS requirements. The requested work hardening program IS NOT medically necessary.