

Case Number:	CM15-0122230		
Date Assigned:	07/06/2015	Date of Injury:	02/05/2010
Decision Date:	07/31/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 59-year-old female, who sustained an industrial injury on February 5, 2010. Treatment to date has included medications, diagnostic imaging, and assistive devices. Currently, the injured worker complains of low back pain and has reported no improvement since her prior evaluation. On physical examination, the injured worker has mild pain in all directions with range of motion of the cervical spine. The lumbar spine has a decreased range of motion in all directions and the injured worker has a positive straight leg raise test. She ambulates with a slow gait and with the assistance of a cane. The diagnoses associated with the request include cervicgia, brachial neuritis/radiculitis, lumbago and pain in shoulder joint. The treatment plan includes functional capacity evaluation, physical therapy for work hardening and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy with work hardening (9 visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening, p125 Page(s): 125.

Decision rationale: The claimant sustains a work injury in February 2010 and continues to be treated for cervical and lumbar spine pain. When seen, surgery was pending. There was decreased cervical and lumbar spine range of motion with right trapezius trigger points. There was positive straight leg rising. The claimant was ambulating with a slow gait with use of a cane. Criteria for work hardening include completion of an adequate trial of physical or occupational therapy with improvement followed by plateau, defined return to work goal, and the worker must be no more than 2 years past date of injury. In this case, there is no defined return to work plan including the physical demand capability needed to return to work. The claimant is more than 2 years status post injury. The purpose of work conditioning / hardening is to prepare a worker who has functional limitations that preclude the ability to return to work at a medium or higher demand level. This claimant is unable to walk without using a cane and would not be expected to return to work at a medium or higher demand level. The requested therapy for work hardening is not medically necessary.