

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0128545 | | |
| Date Assigned: | 07/21/2015 | Date of Injury: | 07/18/2013 |
| Decision Date: | 08/17/2015 | UR Denial Date: | 05/28/2015 |
| Priority: | Standard | Application Received: | 07/02/2015 |

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 37-year-old female patient who sustained an industrial injury on 07/18/2013. The accident was described as while working as a manager at a restaurant she experienced cumulative trauma injury over the course of employment resulting in a gradual onset of symptom. She was evaluated and treated with activity modification, medications, diagnostic testing and ultimately underwent surgical intervention in October 2013. She did begin a course of physical therapy, paying out of pocket, but could not afford to complete the course. She also had injections to the right knee with some temporary benefit for about two months. A primary treating office visit dated 11/05/2014 reported current complaints of right knee, bilateral shoulders, bilateral wrists/hands, and stress. The diagnostic impression found the patient with: tear of medial meniscus, right knee; lateral collateral ligament sprain, right knee; bursitis and tendinitis of the shoulders; carpal tunnel syndrome, tendinitis, bursitis of hands and wrists and anxiety. The patient is deemed temporarily totally disabled through 01/05/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning/hardening screening x1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: The California MTUS section on work conditioning/work hardening states: Recommended as an option, depending on the availability of quality programs. Criteria for admission to a Work Hardening Program: (1) 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). (2) After treatment with 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. (3) Not a candidate where surgery or other treatments would clearly be warranted to improve function. (4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week. (5) A defined return to work goal agreed to by the employer and employee: (a) A documented specific job to return to with job demands that exceed abilities; or (b) Documented on-the-job training. (6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. (7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit. (8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less. (9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. (10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. ODG Physical Medicine Guidelines and Work Conditioning 10 visits over 8 weeks. The requested service is recommended per the California MTUS. The provided clinical records show criteria as outlined above have been met. Therefore, the request is medically necessary.

Work hardening conditioning program x10: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: The California MTUS section on work conditioning/work hardening states: Recommended as an option, depending on the availability of quality programs. Criteria for admission to a Work Hardening Program: (1) 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). (2) After treatment with 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. (3) Not a candidate where surgery or other treatments would clearly be warranted to improve function. (4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week. (5) A defined return to work goal agreed to by the employer and employee: (a) A documented specific job to return to with job demands that exceed abilities; or (b) Documented on-the-job training. (6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. (7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit. (8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less. (9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. (10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. ODG Physical Medicine Guidelines and Work Conditioning 10 visits over 8 weeks. The requested service is recommended per the California MTUS. The provided clinical records show criteria as outlined above have been met. Therefore, the request is medically necessary.

Follow up visit with ROM measurement and addressing ADLs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) range of motion.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states range of motion testing should be part of the standard physical exam and evaluation of the patient. There is no need for more specialized range of motion outside of these parameters as they offer no additional benefit. Therefore, the request is not medically necessary.