

Case Number:	CM15-0046954		
Date Assigned:	03/19/2015	Date of Injury:	08/20/2014
Decision Date:	06/03/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/12/2015

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: 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 injured worker is a 51 year old male, who sustained an industrial injury on 08/20/2014. He reported injuries as a result of a work related motor vehicle accident. The injured worker is currently diagnosed as having low back injury and neck muscle strain. Treatment to date has included chiropractic treatment, ice/heat, and medications. In a progress note dated 02/12/2014, the treating physician reported requesting a physical therapy appointment to evaluate his activity baseline and assess for work conditioning class. According to a progress report dated 02/26/2015, the injured worker presented with some neck stiffness and pinching pains in low back when sitting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning physical therapy consultation for sixty minutes: Overturned

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

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

Decision rationale: The patient presents with neck stiffness and pinching pains in low back when sitting. The request is for WORK CONDITIONING PHYSICAL THERAPY CONSULTATION FOR SIXTY MINUTES. The provided RFA is dated 02/05/15 and the date of injury is 08/20/14. The diagnoses include low back injury, arthropathy of lumbar facet, and neck muscle strain. Per 02/04/15 report, physical examination revealed a normal range of motion to the cervical and lumbar spine. Treater states, "patient reports barely any pain-calls it more like tightness/stretch." Treatment to date has included chiropractic treatment, ice/heat, and medications. The patient is working full time. The MTUS Guidelines page 125-126 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, nonsurgical candidate, define return to work goal agreed by employer and employee, etc. A defined returned to work goal is described as; (a) A documented specific job to return to with job demands that exceeds abilities, or (b) Documented on the job training. Furthermore, Approval of this program should require a screening process that includes file review, interview, and testing to determine likelihood of success in the program. Per 02/04/15 report, treater states, "I fear he is getting too stiff and deconditioned at home, even though pain is getting better. Risk for getting re-injured. Requesting work conditioning program again." In this case, progress reports indicate the patient is currently working "full duty." The request is for 60 minutes to prevent further decline in the patient's condition and the request appears reasonable. The patient is currently working and struggling with chronic pain. This appears to be a request for a one session therapy to aid the patient's condition. Given the patient's deconditioning and struggle with work, the request IS medically necessary.