

Case Number:	CM15-0069861		
Date Assigned:	04/17/2015	Date of Injury:	06/22/2010
Decision Date:	05/22/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/13/2015

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, 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 67 year old male who sustained an industrial injury on 06/22/10. Initial complaints and diagnoses are not available. Treatments to date include medications, acupuncture, and back surgery. Diagnostic studies are not addressed. Current complaints include low back soreness. Current diagnoses include spondylolisthesis, lumbar stenosis, radiculopathy, shoulder bursitis, rotator cuff syndrome, and cauda equinas syndrome. In a progress note dated 01/21/15 the treating provider reports the plan of care as acupuncture, physical therapy, and medications including tramadol, Celebrex, and Xanax, as well as a cortisone injection in the left shoulder. Also planned is an epidural steroid injection. The requested treatment is physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for work hardening, twice weekly for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 125-6 of 127.

Decision rationale: Regarding the request for Work conditioning, Chronic Pain Medical Treatment Guidelines state that work conditioning may be an option when functional limitations preclude the ability to safely achieve current job demands which are in the medium or higher demand level (not sedentary work). A functional capacity evaluation may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis. After treatment with an adequate trial of physical therapy or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy or general conditioning. Additionally, the patient must have achieved sufficient recovery to allow for a minimum of 4 hours a day 3 to 5 days per week as well as having a defined return to work goal agreed to by the employer and employee. Guidelines support up to 10 work conditioning sessions. Within the documentation available for review, there is no indication that the patient has reached maximum improvement with physical therapy and plateaued despite ongoing home exercise. Additionally, it is unclear that the patient's job demands are in a medium/higher demand level, that the patient is unable to perform those duties, and that a defined return to work goal has been agreed to by the employer. Additionally, the current request exceeds the tenant work conditioning sessions supported by guidelines. In the absence of clarity regarding those issues, the currently requested work conditioning is not medically necessary.