

Case Number:	CM15-0094925		
Date Assigned:	05/21/2015	Date of Injury:	08/04/2014
Decision Date:	06/25/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/15/2015

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 42 year old male who sustained an industrial injury on 8/4/14. The injured worker was diagnosed as having cervical spine sprain/strain, lumbar spine disc protrusion, left wrist sprain/strain, left hand sprain/strain right thigh sprain/strain, right knee sprain/strain, and right foot sprain/strain status post laceration. Currently, the injured worker was with complaints of pain in the back. Previous treatments included chiropractic treatments and physical therapy. Previous diagnostic studies included radiographic studies. Physical examination on 3/3/15 was notable for tenderness to the cervical spine, lumbar spine tenderness and paralumbar muscles with restricted range of motion; tenderness was noted to the right knee, left elbow and wrist. The plan of care was for work conditioning/work hardening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning/work hardening for an unknown number of visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, work hardening for the ankle and foot and the knee and leg.

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

Decision rationale: The 42 year old patient presented with cervical sprain/strain, lumbar sprain/strain, left elbow sprain/strain, left wrist sprain/strain, left hand sprain/strain, right hip sprain/strain, right thigh sprain/strain, right knee sprain/strain, right ankle sprain/strain, right foot sprain/strain, and insomnia, as per physician's initial evaluation report dated 08/28/14. The request is for WORK CONDITIONING/ WORK HARDENING FOR AN UNKNOWN NUMBER OF VISITS. The RFA for this request is dated 03/05/15, and the patient's date of injury is 08/04/14. The most recent progress report available for review is handwritten and illegible. However, it appears to state that the patient has no pain and has been allowed to return to modified work. The MTUS Guidelines page 120 125-126 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. In this case, a request for work conditioning is noted in progress report dated 03/05/15. While the request, as per UR denial letter, does not include the number of visits, the progress report states that it is for up to 24 visits. The patient has returned to modified work on 08/28/14, as per the same report. The treater, however, does not state if the current request for work conditioning is related to this job or to a new one. In addition, the treater hasn't discussed the results of the screening process that is required prior to consideration of work conditioning. Hence, the request IS NOT medically necessary.