

Case Number:	CM13-0066288		
Date Assigned:	01/03/2014	Date of Injury:	10/29/2012
Decision Date:	05/19/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/16/2013

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. The expert reviewer is Board Certified in Preventive Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 42-year-old female with a 10/29/12 date of injury. At the time (6/7/13) of request for authorization for six (6) sessions of work Final Determination Letter for IMR Case Number CM13-0066288 3 conditioning (body part not stated) and six (6) sessions of work hardening (body part not stated), there is documentation of subjective (neck, bilateral shoulder, bilateral hand/wrist, and lower extremity pain with anxiety, stress, and depression) and objective (tenderness over the paracervical musculature, moderate spasms, decreased cervical spine range of motion, tenderness over the paralumbar musculature, and decreased lumbar spine range of motion) findings, current diagnoses (cervical, lumbar, bilateral shoulder, and bilateral wrist/hand sprain/strain), and treatment to date (functional capacity evaluation, physical modalities, ESWT, and medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) SESSIONS OF WORK CONDITIONING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of 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); 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; a defined return to work goal agreed to by the employer & employee (a documented specific job to return to with job demands that exceed abilities, OR Documented on-the-job training); and no more than 2 years past the date of injury, as criteria necessary to support the medical necessity of a work conditioning. In addition, MTUS identifies that ODG work conditioning physical therapy guidelines supports up to 10 visits over 4 weeks, equivalent to up to 30 hours. Within the medical records provided, there is no documentation of these criteria being met. Therefore, based on guidelines and a review of the evidence, the request for six (6) sessions of work conditioning (body part not stated) is not medically necessary.

SIX (6) SESSIONS OF WORK HARDENING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning Work Hardening Page(s): 125.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of 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); 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; a defined return to work goal agreed to by the employer & employee (a documented specific job to return to with job demands that exceed abilities, OR Documented on-the-job training); and no more than 2 years past the date of injury, as criteria necessary to support the medical necessity of a work conditioning. In addition, MTUS identifies that ODG work conditioning physical therapy guidelines supports up to 10 visits over 4 weeks, equivalent to up to 30 hours. Within the medical records provided, there is no documentation of these criteria being met. Therefore, based on guidelines and a review of the evidence, the request for six (6) sessions of work conditioning (body part not stated) is not medically necessary.