

Case Number:	CM13-0011403		
Date Assigned:	09/23/2013	Date of Injury:	05/18/2010
Decision Date:	01/07/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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:

The underlying date of injury in this case is 05/18/2010. The primary diagnosis is limb pain. The patient is a 31-year-old woman who injured her right wrist while reaching over her head for a bundle of sports coats hanging from a pole. The patient's diagnoses include right shoulder pain, right shoulder supraspinatus tendinopathy, right forearm pain, right wrist pain, and right carpal tunnel syndrome. An initial physician review noted that as of 07/23/2013 the patient had received 24 chiropractic treatment sessions, and a request was made for work conditioning. The physician reviewer noted that work conditioning programs are most useful when there is a definitive vocational plan of care or specific occupational positions are available and that these requirements had not been met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning two times six to be done by chiropractor: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on work conditioning, page 125, discusses criteria for admission to a work-hardening program, including "a functional capacity evaluation may be required showing consistent results with maximal effort, demonstrating capacities below an employer-verified physical demands analysis." The medical records at this time do not contain such specific information in terms of the patient's particular functional deficits correlated with a particular proposed job to which to return. At this time the medical records do not contain sufficient information with indication to initiate a work conditioning program.