

Case Number:	CM13-0032586		
Date Assigned:	12/11/2013	Date of Injury:	05/19/2012
Decision Date:	06/16/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/08/2013

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 Texas. 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 patient is a 41-year-old male who reported an injury on 05/19/2012 after the scaffolding he was walking on collapsed causing the patient to fall approximately 25 feet to the ground. The patient landed face down on his knuckles with his hand under his body. The patient lost consciousness and was awakened inside an ambulance. Not only did the patient strike his head on the pavement, but he also suffered broken ribs on the right and suffered a pneumothorax. A chest tube was placed to drain blood from the right lung, and the right hand suffered fractures as well as his right clavicle. A laceration to his head was sutured, and the patient was admitted and remained hospitalized for 5 days. His hand was placed in a splint, and he followed up with industrial physician. The patient was advised that he could return to work, but was unable to do so due to the nature of his injuries and ongoing pain. He has undergone a chiropractic evaluation, psychotherapy modalities, and chiropractic treatment. Subsequently, the patient underwent an open reduction and internal fixation of the right hand on 05/23/2013. He followed up postoperatively and underwent therapy rehabilitation. He was referred for a neurological evaluation and denied subsequent treatment. The patient was most recently seen on 10/10/2013 with ongoing pain in his right side of the ribs and chest. The patient stated his pain increases with coughing, lifting, and respiration and rates his pain as a 5/10. The patient also suffers from cervical spine pain, bilateral shoulder pain, bilateral hand and wrist pain, thoracolumbar spine pain, bilateral knee pain, bilateral feet and ankle pain, and has had continuous episodes of anxiety, stress and depression due to chronic pain and disability status.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK HARDENEING 12 SESSIONS TO THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for admission to a Work Hardening Program. Page(s): 125-1.

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

Decision rationale: According to CA MTUS Guidelines, Criteria for admission to a Work Hardening Program include the patient having undergone a Functional Capacity Evaluation showing maximal effort, evidence of plateau after completing sufficient physical or occupational therapy, is not a candidate for surgery, has documentation of sufficient physical and medical recovery to allow for progressive reactivation and participation, A defined return to work goal agreed to by the employer and employee as well as a documented specific job to return to. There can also be documented on-the-job training and the worker must be able to benefit from the program. Although the patient is still within the 2 year window for a Work Hardening Program, the documentation is lacking information regarding the above mentioned criteria that would allow the patient to participate in this type of program. As such, the request does not meet guideline criteria for a work hardening program at this time and is not medically necessary.