

Case Number:	CM13-0042459		
Date Assigned:	12/27/2013	Date of Injury:	06/17/2013
Decision Date:	05/06/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/30/2013

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 Orthopedic Surgery 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:

This is a 30-year-old gentleman injured on 6/17/13 sustaining injury to the cervical and thoracic spine as well as bilateral shoulders. A recent clinical assessment dated 9/18/13 indicated that the claimant had continued and completed a significant course of physical therapy and continued to be symptomatic with tenderness over the C3 through C7 levels to palpation with positive Kemp testing and shoulder examination with positive acromioclavicular joint tenderness to palpation, spasm to the rotator cuff, and tenderness to palpation anteriorly. A Functional Capacity Examination was recommended at that date. The claimant's working diagnosis was that of cervical disc herniation, right shoulder acromioclavicular dislocation and tendinosis and partial tearing to the rotator cuff, and thoracic disc displacement. It was stated that the claimant had attended a course of formal physical therapy. At present, there is a request for six sessions of a work hardening program to be performed given the claimant's ongoing clinical working diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK HARDENING TIMES SIX: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WORKING CONDITIONS/WORK HARDENING. Decision based on Non-MTUS Citation ODG PHYSICAL MEDICINE GUIDELINES- WORK CONDITIONING

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WORK CONDITIONING, WORK HARDENING, CHRONIC PAIN CRITERIA FOR ADMISSION TO A WORK HARDENING PROGRAM.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, a work hardening program in this case would not be indicated. The records in this case fail to show Functional Capacity Examination demonstrating consistent results with maximal effort to indicate the need for further work hardening program. There is also lack of documentation of functional deficit on examination to the claimant's shoulders, cervical spine, and thoracic spine on examination that would necessitate the need for further conditioning program. It would be unclear at this stage in the claimant's clinical course of care given the time frame from injury and clinical records reviewed why transition to an aggressive home exercise program would not be able to occur. The request for a work hardening program for the claimant's multiple orthopedic injuries would not be supported at present. Therefore the request of SIX (6) sessions of a work hardening program is not medically necessary and appropriate