

Case Number:	CM13-0052620		
Date Assigned:	12/30/2013	Date of Injury:	04/24/2013
Decision Date:	08/01/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/15/2013

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 Neurological 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:

The injured worker is a 50-year-old female who was reportedly injured on April 24, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated October 2, 2013, indicates that there are ongoing complaints of cervical spine, bilateral wrist, elbow, knee, and foot pain. The physical examination demonstrated spasms and tenderness of the cervical paraspinal muscles. There was tenderness at the bilateral lateral epicondyles of the elbows and a positive right-sided Tinel's test. The examination of the wrists noted decreased sensation in the bilateral median nerve, distributions was a positive Tinel's test and Phalen's test bilaterally. The examination of the knees noted tenderness at the anterior joint lines and a positive McMurray's test. There was also spasm and tenderness of the plantar fascia. The work hardening program was recommended for six weeks. A request had been made for a work hardening program for the cervical spine, wrists, knees, and elbows and was not certified in the pre-authorization process on November 1, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening 3 Times A Week For 2 Weeks to Cervical, Bilateral Wrists, Knees and Elbows: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the most recent progress note dated October 2, 2013, there is no documentation that the injured employee has participated in and failed to improve with a physical therapy program nor is there any documentation that there has been a functional capacity evaluation or specific return to work goals identified that the injured employee would work towards any work hardening program. These are specific requirements as outlined by the California Chronic Pain Medical Treatment Guidelines. Considering this, the request for a work hardening program three times a week for two weeks for the cervical spine, bilateral wrists, knees, and elbows is not medically necessary.