

Case Number:	CM13-0057271		
Date Assigned:	12/30/2013	Date of Injury:	11/14/2012
Decision Date:	03/27/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/25/2013

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, has a subspecialty in Pain 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 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 51 year old female who was injured on 11/14/2012, with bilateral upper extremity repetitive stress injuries arising out of employment. The prior treatment history has included right shoulder cortisone injection has helped in decreasing symptoms, acupuncture and physical therapy. The patient's current medications included ibuprofen 600 mg 1 tablet 3-4/day. An MRI performed 06/11/2013 showed type II acromion with subacromial bursitis and the patients work capacity evaluation found the patient to 91.6% work capable. Severe psychosocial and chronic pain overlays were uncovered as part of the work capacity evaluation. Additional Consultations include an orthopedic consult on 06/11/2013 stated the patient would benefit from a right shoulder subacromial cortisone injection. A physiatric occupational report dated 11/11/2013 documented the patient's primary issue has related to right shoulder pain, consistent with subdeltoid and subacromial bursitis and rotator cuff tendonitis. The patient was not interested in surgery. She was also hesitant about future cortisone injections. The patient expressed difficulty with lifting tasks. Work capacity evaluation had found the patient to have 91.6% work capability with restrictions relating to 30-pound limit for a lifting/carrying. Objective findings on exam included cervical, shoulders, elbows, and wrists ROM all within normal limits. Motor/upper extremities: Right/Left: no sensory deficits to light touch. Reflexes: Upper extremities: Right/Left: 2/4 at elbows and wrists; negative Hoffman's.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for work hardening/conditioning, initial two (2) hours: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the California MTUS, work hardening is recommended as an option, when the employer's physical demand levels are not being met by the patient. Criteria for a work hardening/conditioning program require a defined return to work goal agreed to by the employer & employee with documented specific job to return to with job demands that exceed abilities, or documented on-the-job training. The records indicate the patient was a chef at the time of the incident, however, there was no additional information provided that shows a defined return to work goal agreed to by the parties. Based on the criteria of the guidelines, the request is non-certified.