

Case Number:	CM13-0062616		
Date Assigned:	12/30/2013	Date of Injury:	10/14/2013
Decision Date:	05/08/2014	UR Denial Date:	10/26/2013
Priority:	Standard	Application Received:	12/06/2013

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 Neurology and is licensed to practice in Arizona. 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 38-year-old female who sustained a work related injury to her cervical region with associated brachial neuralgia on 10/14/2013 as a result of repetitive trauma lifting a 2 ½ pound iron for 11 years working at a cleaner. On her progress report dated 10/29/13, she has documented limitation of both lumbar extension / flexion and upon lateral flexion. Cervical range of motion is decreased with appreciable anterior scale hypertonicity in association with radiative pain to the right wrist. She has radiating pain from the wrist to the right shoulder upon performance of the Phalen's test. She reports her low back pain has improved from 7/10 to 5-6/10, her mid back pain has plateaued and her shoulder pain is 8-9/10. Her pain reduction, although minimal, occurred over a two week period since the date of reported injury. On physical examination, she is noted to have decreased extension and side bending lumbar range of motion, has an inability to horizontal side bridge, had restricted range of motion in all planes in the cervical region with noted decreased strength testing. The patient underwent a 27 physical exam testing with reported increased in pain to 9/10 afterward. For treatment, the patient has had chiropractic care and physiotherapy only.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 LOW LEVEL VISITS 2 TIMES 2 OF WORK CONDITIONING: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 134.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 125.

Decision rationale: Work conditioning, work hardening is recommended as an option, depending on the availability of quality programs. The program has specific admission criteria, including work related musculoskeletal condition(s) with functional limitations precluding ability to safely achieve current job demands; not a candidate where surgery or other treatments would clearly be warranted to improve function; Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week; has a to return to work goal agreed to by the employer & employee with a documented specific job to return to with job demands that exceed abilities, or documented on-the-job training; the worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program with no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit; the program should be completed in 4 weeks consecutively or less with the understanding that treatments are not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities; last, upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. A total of 10 visits over 8 weeks are recommended by the ODG Physical Medicine Guidelines. Following review of the provided medical documentation, a two-week trial of work conditioning is of benefit to the patient for her to return to work and is therefore medically necessary.