

Case Number:	CM13-0065960		
Date Assigned:	01/03/2014	Date of Injury:	09/10/2007
Decision Date:	03/31/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/12/2013

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 Interventional Spine 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 YO female with date of injury 09/10/2007. The listed diagnoses per [REDACTED] dated 10/14/2013 are: 1. Cervical Disc herniation without myelopathy 2. bursitis and tendinitis of the right shoulder 3. medical epicondylitis of the right elbow 4. Lateral epicondylitis of the right elbow 5. Carpal Tunnel Syndrome 6. Tendinitis / Bursitis of the bilateral hands/ wrists According to progress report dated 10/14/2013 by [REDACTED], the patient complains of right shoulder, cervical spine, bilateral wrists and hands and right elbow pain. Objective findings show spasms and tenderness to the right paraspinal muscles from C2 to C7, bilateral suboccipital muscles, right supraspinatus muscles, right lateral and medial epicondyle. Axial compression test was positive bilaterally for neurological compromise. Tinel's test was positive bilaterally. Treater is requesting 10 work hardening sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening x 10 sessions: 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 Page(s): 125.

Decision rationale: This patient presents with chronic right shoulder, cervical spine, bilateral wrists and hands and right elbow pain. The treater is requesting 10 work hardening sessions. Utilization review dated 10/13/6/2013 denied the request but report was not made available for review. MTUS guidelines p 125,126 on work conditioning states that "Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level. Also, the worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit." Progress report dated 10/14/2013 by [REDACTED] states that "the patient was evaluated by AME [REDACTED] on 06/18/2013 stated that the surgery was unsuccessful and he recommended substantial rehab for the shoulder. The patient has completed 24 post op physical medical sessions for her right shoulder and is now in need for work hardening program to continue her rehabilitation for her shoulder." It is unclear from this report if the patient has already returned to work or if the patient has work duties that she cannot perform at this time. The patient is also 7 years post injury and it is not known how work hardening program will be beneficial at this juncture. MTUS does not recommend this program 2 year past the date of injury. Recommendation is for denial.