

Case Number:	CM13-0070818		
Date Assigned:	01/08/2014	Date of Injury:	04/02/2013
Decision Date:	06/05/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/26/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 62 year old female with a reported date of injury on 04/02/2013. The mechanism of injury was not documented in the clinical records provided for review. The records did state that the injured worker is a bank teller. According to the clinical note dated 10/16/2013 the injured worker complained of occasional "moderate" pain in the cervical spine, constant "moderate to severe" pain in the lumbar spine, "slight" pain in the right shoulder and frequent "severe" pain in the left wrist and hand. The injured worker also complained of frequent "moderate" pain in the thoracic spine. On physical exam, the physician documented a positive axial compression test bilaterally, positive bilateral distraction test, positive bilateral shoulder depression test. According to the clinical note the injured worker showed left C5, C6 and C7 myotome weakness. The physician's goals were documented as the use of work hardening to increase the injured workers work capacity, increase activities of daily living, decrease the work restrictions, decrease the need for medication, decrease swelling and increase the measured active range of motion. An MRI of the Lumbar spine dated 05/10/2013 revealed minimal effacement at L4-L5 and otherwise unremarkable lumbar spine MRI. According to the clinical note dated 11/13/2013 the injured workers cervical spine range of motion was recorded as flexion to 33/55, extension 30/45, left bending 20/40, right bending 30/55, left rotation to 15/80 and right rotation to 25/80. The injured workers lumbar range of motion was flexion to 60/60, extension 18/25, left bending 18/25, right bending 20/25, left rotation 31/30 and right rotation 16/30. The injured workers medication regimen was not provided within the clinical records available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIAL OF FIVE SESSIONS OF WORK HARDENING, TWO HOURS A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125-126.

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

Decision rationale: The CA MTUS guidelines recommend work hardening as an option. The criteria for admission to a work hardening program includes that the injured worker must have a musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands which are in the medium or higher demand level. The injured worker should have completed an adequate trial of physical or occupational therapy with documented improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy or general conditioning. There must be a defined return to work goal agreed to by the employer and employee with a documented specific job to return to with job demands that exceed the current injured worker's abilities. The clinical documentation provided lacks documentation indicating the use of medications, clear documentation of functional deficits and the documentation of improvement with physical therapy. There is a lack of clear documentation to compare any improvements the injured worker has made during the prior therapy and demonstrate any functional deficits. Furthermore the documentation stated that the injured worker is a bank teller, there is a lack of documentation as to what physical demand level the job demands require. It was unclear if the injured worker has undergone a psychological assessment. Therefore, the request for work hardening, two hours a day is not medically necessary.