

Case Number:	CM14-0009208		
Date Assigned:	02/12/2014	Date of Injury:	08/27/2010
Decision Date:	07/22/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/21/2014

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 Occupational 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 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 patient is a 52-year-old female who has submitted a claim for right shoulder arthralgia associated with an industrial injury date of August 27, 2010. Medical records from 2012-2013 were reviewed. The patient complained of right shoulder pain, grade 9/10 in severity. The pain was characterized as throbbing and radiates up to her neck. There was also associated headache. Recent physical examination findings showed no tenderness, no swelling, and no erythema of the right shoulder. There was normal range of motion. Motor strength and sensation was intact. Imaging studies were not available. Treatment to date has included medications, acupuncture, activity modification, and right rotator cuff surgery. Utilization review, dated December 30, 2013, denied the request for work conditioning 3 x 4 for the right shoulder because the patient is over 3 years status post injury. The request for Valium was denied as well because continued use of the medication was not considered medically indicated or supported by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK CONDITIONING - THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, Work hardening Page(s): 125.

Decision rationale: According to page 125 of the CA MTUS Chronic Pain Medical Treatment Guidelines, work conditioning is recommended as an option depending on the availability of quality programs. Criteria for admission to a work hardening program include work-related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands; after treatment with an adequate trial of physical therapy with improvement followed by plateau; not a candidate where other treatments would be warranted; a defined return to work goal; the program should be completed in 4 weeks; and the worker must be no more than 2 years past date of injury. In this case, rationale for work conditioning was not provided. The documentation provided did not show evidence of adequate trial of physical therapy. There was also no discussion regarding absence of other treatment options and a return to work goal was not defined. In addition, the patient is more than 2 years past the date of her injury. The present request also failed to specify the body part to be subjected to work conditioning. Therefore, the request for WORK CONDITIONING - THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS is not medically necessary.

VALIUM (UNSPECIFIED MG AND QUANTITY): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Valium (Diazepam).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: As noted on page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, the patient has been on Valium since May 2013. This medication is not recommended for long-term use. Functional benefits were also not discussed. The medical necessity has not been established. Furthermore, the present request failed to specify the dosage and quantity to be dispensed. Therefore, the request for VALIUM (UNSPECIFIED MG AND QUANTITY) is not medically necessary.