

Case Number:	CM14-0103419		
Date Assigned:	09/16/2014	Date of Injury:	11/28/2011
Decision Date:	10/15/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/03/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of November 28, 2011. A utilization review determination dated June 23, 2014 recommends noncertification of work conditioning. A progress report dated June 3, 2014 identifies subjective complaints of pain with loss of active range of motion in the right shoulder, right upper extremity, left wrist, and cervical spine. The note indicates that the patient is using her right upper extremity much less and starting to feel weakness and pain in the left upper extremity. Objective examination findings reveal decreased cervical spine active range of motion with point tenderness and mild spasm. There is also paresthesia in both hands. The diagnoses include right wrist sprain/strain, right shoulder sprain/strain, right elbow lateral epicondylitis, right wrist tenosynovitis, sleep disturbance rule out anxiety, rule out carpal tunnel syndrome, and thoracic/cervical muscle spasms. The treatment plan indicates that the patient is having a steady decline of her condition because she is not been approved for therapy. The note goes on to recommend "continued work conditioning and follow-up care requested for flareups one of which she is undergoing at this time." A progress note dated March 13, 2014 identifies physical examination findings of decreased cervical spine active range of motion, point tenderness and myospasm in the cervical spine with paresthesia into the upper extremities. The note indicates that the patient is steadily improving.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six additional work conditioning 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 Page(s): 125-6 of 127.

Decision rationale: Regarding the request for additional Work conditioning, California MTUS and ODG support up to 10 sessions of work conditioning. Work conditioning amounts to an additional series of intensive physical therapy visits required beyond a normal course of physical therapy (PT), primarily for exercise training/supervision. Within the documentation available for review, it is unclear how many work conditioning sessions the patient has already undergone. Furthermore, it is unclear how much objective functional improvement the patient obtained from previous work conditioning. Finally, there is no indication that the patient is using a home exercise program on a consistent basis to maintain any improvements gained through the work conditioning sessions already provided. In the absence of clarity regarding those issues, the currently requested additional work conditioning, is not medically necessary.