

Case Number:	CM14-0014916		
Date Assigned:	02/28/2014	Date of Injury:	01/24/2009
Decision Date:	07/03/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/06/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 66-year-old male with a reported date of injury on 01/24/2009. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include herniated disc of the lumbar spine and chronic pain syndrome. The physical examination showed the range of motion to the cervical spine: radial deviation was 25 degrees; extension was 45 degrees, right/left lateral bending was 30 degrees; right/left rotation was 70 degrees. The range of motion to the shoulders revealed flexion right 180 degrees and left 45 degrees, extension right 50 degrees and left 30 degrees, abduction 180 degrees to the right and 45 degrees to the left, adduction 50 degrees to the right and 30 degrees to the left, internal rotation 90 degrees to the right and 80 degrees to the left, and external rotation 90 degrees to the right and 80 degrees to the left. The range of motion to the left shoulder, he listed severe pain as well as positive impingement tests. The range of motion to the left elbow was full and within normal limits; however, impingement test is positive. The range of motion to the wrists/hands revealed flexion to the right 60 degrees and to the left 50 degrees, extension to the right 60 degrees and to the left 50 degrees, radial deviation 20 degrees to the right and 15 degrees to the left, and ulnar deviation 30 degrees to the right and 25 degrees to the left. The examination revealed point tenderness over the right hand. A grip strength test was performed which revealed on the third try to the right 12kg and to the left 2kg. The request of authorization form dated 01/08/2014 is for work conditioning 3 x 6 to the left shoulder, elbow, hand, and wrist. The provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK CONDITIONING THERAPY, THREE TIMES PER WEEK FOR SIX WEEKS (3X6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WORK CONDITIONING, WORK HARDENING. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Conditioning.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand, Work Conditioning.

Decision rationale: The injured worker has received previous physical therapy which did not help his symptoms. The California Chronic Pain Medical Treatment guidelines recommend 10 visits over 4 weeks. The Official Disability Guidelines (ODG) states work conditioning amounts to an additional series of intensive physical therapy visits requiring beyond the normal course of physical therapy, primarily for exercise training/supervision (and would be contraindicated if already significant psychosocial, drug or attitudinal barriers to recovery not addressed by these programs). Work conditioning visits will typically be more intensive than regular physical therapy visits, lasting 2 or 3 times as long, and as with all physical therapy programs, work conditioning participation does not preclude currently being at work. The MTUS guidelines recommend 10 visits over 4 weeks, equivalent up to 30 hours. The documentation reported the injured worker had persistent symptoms despite rendered treatments after previous physical therapy, surgeries, and injections. The documentation submitted reported current measurable objective functional deficits; however, there was a lack of documentation regarding quantifiable objective functional improvement, as well as the request did not specify the number of hours during work conditioning. Therefore, the request is non-certified.