

Case Number:	CM14-0112255		
Date Assigned:	08/01/2014	Date of Injury:	02/28/2002
Decision Date:	09/24/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/18/2014

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 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 50-year-old female who has submitted a claim for shoulder region displacement associated with an industrial injury date of February 28, 2002. Medical records from 2014 were reviewed, which showed that the patient complained of constant stabbing and aching pain in the neck with radiation to the back, constant aching pain in the left shoulder radiating to the left arm, weakness and fatigue in the right arm, continuous pain in the left hand and wrist and constant aching pain in the low back. An MRI performed sometime between 2010 and 2012 revealed impingement in the left shoulder. On examination, patient had a positive O'Donoghue test specifically with cervical extension and flexion, tenderness of the cervical spine at C5-6, impingement sign of the left shoulder, positive supraspinatus press test, positive Apley's test, decreased ROM of the shoulder, and tender left acromioclavicular joint. The treatment to date has included medications and physical therapy. Utilization review from June 25, 2014 denied the request for Work Condition 2x week for 4 weeks for the left shoulder, cervical and lumbar spine because the records provided did not contain enough materials such as current range of motion to establish the necessity for work conditioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Condition 2x week for 4 weeks for the left shoulder, cervical and lumbar spine:
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): 125-126.

Decision rationale: According to pages 125-126 of California MTUS Chronic Pain Medical Treatment Guidelines, criteria for admission to a work hardening program includes work-related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level; after treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued therapy; not a candidate where surgery or other treatments would be warranted; a defined return to work goal agreed by the employer and employee; no more than two years past date of injury; and upon completion of a rehabilitation program, neither re-enrollment nor repetition of similar rehabilitation program is medically warranted for the same condition. In this case, the patient was currently working for her pre-injury employer upon request. However, the date of injury has been longer than two years. Moreover, the recent progress reports do not indicate whether there was already an adequate trial of physical or occupational therapy that had improvement followed by plateau or whether there was no more likely benefit from continued therapy. There was also no mention whether surgery or other treatments were still warranted or ruled out. The patient did not complete the criteria for admission to a work hardening program. Therefore, the request for work condition program is not medically necessary.