

Case Number:	CM14-0112680		
Date Assigned:	08/01/2014	Date of Injury:	05/17/2013
Decision Date:	09/17/2014	UR Denial Date:	06/20/2014
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 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:

Per the records provided, the diagnoses were carpal tunnel syndrome, neck sprain and strain and lumbar sprain and strain. There was a Foundation Medical Group orthopedic consultation report from July 23, 2014. The claimant was born October 4, 1977 and he is a machine operator. There is pain in the cervical spine radiating into the upper shoulders and arms, pain in the lumbar spine radiating into the lower extremities, left wrist and hand hypersensitivity and numbness, and bilateral knee pain left greater than right. He weighs 276 pounds. There is tenderness over the medial joint line of the knee. The diagnoses were internal derangement of the right knee and a positive MRI arthrogram of the medial meniscal tear. There was also a left knee strain-sprain with internal derangement and possible medial meniscal tear. There was a herniated lumbar disc with radiculitis, epidural steroid injection times three. There was a herniated cervical disc with radiculitis status post epidural steroid injection times three with good relief. There was a right wrist and hand strain sprain, tendinitis carpal tunnel syndrome and status post left hand carpal tunnel release. The doctor next requested an ultrasound guided injection to the left knee for alleviation of pain and discomfort. This would be a right knee ultrasound guided steroid injection and he will return in six weeks. There was a PR 2 there was provided from June 18, 2014 but it was handwritten and illegible. The patient reported pain on the left. He visited an orthopedic surgeon and a steroid injection was recommended. A range of motion and muscle test from June 18, 2014 notes the claimant is a 36-year-old male with significant pain in the neck, the lower back, the right wrist, both knees, both ankles and both hands, and the right and left digits. There was continued pain despite conservative treatments. There was a functional capacity evaluation from July 2013. There are notes regarding and exercise prescription that was done on April 4, 2014. This is for a functional restoration and return to work rehabilitation. There was another exercise prescription from March 28, 2014 which noted that the patient was status post

therapeutic cervical epidural steroid injections. The patient was recommended to continue physiotherapy chiropractic care and Acupuncture. There is a five-week progress report for cognitive behavioral program for treatment of insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning x 10 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125 of 127.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page 125. The Expert Reviewer's decision rationale: The MTUS notes regarding work conditioning, work hardening in the chronic guideline that it is recommended as an option, depending on the availability of quality programs. "There must be a work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). There must be an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning." In this case, an exhaustion of Physical Therapy and establishment of a plateau was not clear from the notes; moreover, some notes were illegible, and could not be assessed for proper utilization review. The request is considered not medically necessary.