

Case Number:	CM14-0157174		
Date Assigned:	09/30/2014	Date of Injury:	01/18/2013
Decision Date:	10/28/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/25/2014

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:

This is a 56-year-old gentleman with a date of injury of 1/18/13. Mechanism of injury was a fall at work due to a cardiovascular event. The patient has orthopedic diagnoses of cervical spine sprain/strain, left shoulder tendinitis, and left shoulder impingement. He has medical diagnoses of hypertension and s/p cardiovascular attack. He has psyche diagnoses of adjustment disorder with depressed/anxious mood, cognitive disorder secondary to head injury, cognitive disorder secondary to pain, sleep disorder, and narcissistic and negativistic personality traits. Request for work conditioning for the shoulder was submitted to Utilization Review. 9/02/14 UR report indicates that there have been 24 sessions of prior PT. As of 8/04/14, the patient had persistent left shoulder pain with reduced ROM. 6/05/14 report notes that the patient is off work. There is no documentation of a return to work plan agreed upon between employer and employee. It is not clear if this patient is a candidate for surgery or other additional medical treatments. 9/02/14 UR determination was recommendation for non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Working Condition to the Lumbar Spine and Left Shoulder two to three times a week for four weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening, Page(s): 125-126.

Decision rationale: The CA MTUS gives criteria for this type of program that includes a musculoskeletal conditions that limits abilities to safely do current job, not likely to benefit from continued therapy/ conditioning, not a candidate for further surgery/treatments, can participate 4 hours/day x 3-5 days/week, there is an employer-employee return to work goal that is agreed upon, the patient must be able to benefit, it is not more than 2 years from injury, it is completed in 4 weeks or less, treatment is not supported for longer than 1-2 weeks without compliance and significant gains, and repeating the program is not warranted. In this case, there is no documentation of an employer-employee return to work goal/plan that is agreed upon. It is unclear if this patient still has a job. There is no documentation of an employer-employee agreed upon return to work program. It is not clear if the patient is or isn't a candidate for further surgery or other treatments. Medical necessity for work conditioning to the lumbar spine and left shoulder 2 x 4 is not established. Therefore, the request is not medically necessary.