

Case Number:	CM14-0029849		
Date Assigned:	06/20/2014	Date of Injury:	08/30/2008
Decision Date:	07/22/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/10/2014

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 Neurological Surgery 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 injured worker is a 47-year-old female who was reportedly injured on August 30, 2008. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated January 29, 2014, indicated that there were ongoing complaints of bilateral shoulder pain, bilateral wrist pain, bilateral knee pain, right elbow pain, cervical spine pain, bilateral hip pain and bilateral ankle/foot pain. The physical examination demonstrated cervical paraspinal tenderness from C4 through C7 and a positive axial compression test bilaterally. There was tenderness to the bilateral shoulder rotator cuff muscles and a positive Speed's test and supraspinatus test bilaterally. There was tenderness at the right elbow medial and lateral epicondyle. Examination of the wrists noted tenderness of the extensor tendons and positive Tinel's test and Phalen's test bilaterally. Examination of the knees noted tenderness and a positive McMurray's test bilaterally. There was also tenderness to the bilateral lateral malleolus of both ankles. A work hardening program was recommended and there were prescriptions for Flurbiprofen and tramadol. There was also a request for an orthopedic surgical consultation, psychosocial factors screening, MRIs of the cervical spine and the right shoulder, a work hardening treatment program and a surgical orthopedic consultation and was not certified in the pre-authorization process on February 25, 2014. A work hardening screening was certified on February 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening x 10 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), Work hardening Page(s): 125 of 127..

Decision rationale: A work hardening program is recommended after an adequate trial of physical therapy where surgeries are not likely to improve the individual and if they are no more than two years past the date of injury. According to the medical records provided, there is no information regarding the efficacy of prior physical therapy and if the injured employee has plateaued. It is also unclear if the injured employee would benefit from surgery, and there was a recommendation for surgical consult at that time. The injured employee is now nearly 6 years after the stated date of injury. For these multiple reasons, this request for a work hardening program is not medically necessary.

Surgical Orthopedic Consultation, One evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acoem, Occupational Medicine Practice Guidelines, 2nd edition, 2004, page 114.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, pg 127; Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic), Carpal tunnel release surgery, updated February 20, 2014.

Decision rationale: According to the Official Disability Guidelines, carpal tunnel release is only recommended after an accurate diagnosis of moderate or severe CTS. Surgery is not generally initially indicated for mild CTS unless symptoms persist after conservative treatment. The medical records provided for review do not state whether the carpal tunnel condition is mild, moderate or severe or if the injured employee had failed to improve with conservative treatment. As such, the request is not medically necessary and appropriate.

Work Hardening Screening, One Evaluation: Upheld

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

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

Decision rationale: A work hardening program is recommended after an adequate trial of physical therapy, where surgeries not likely to improve the individual and if they are no more

than two years past the date of injury. According to the medical records provided, there is no information regarding the efficacy of prior physical therapy and if the injured employee has plateaued. It is also unclear if the injured employee would benefit from surgery, and there was a recommendation for surgical consult at the same time. Furthermore, the injured employee is now nearly 6 years after the stated date of injury. As such, this request for screening for a work hardening program is not medically necessary and appropriate.