

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0035136 | | |
| Date Assigned: | 06/23/2014 | Date of Injury: | 11/22/2012 |
| Decision Date: | 07/24/2014 | UR Denial Date: | 02/24/2014 |
| Priority: | Standard | Application Received: | 03/21/2014 |

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 57-year-old female injured on November 22, 2012. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated June 11, 2014, indicates that there are ongoing complaints of left shoulder and left wrist pain. The physical examination demonstrated slightly decreased range of motion of the left wrist. There was a normal examination of the left hand, the left forearm, and the left elbow. There was decreased left hand grip strength. There was stated to be appending MRI of the left shoulder. Previous treatment includes left wrist surgery. A request had been made for work conditioning/work hardening of the left shoulder and left wrist and was not certified in the pre-authorization process on February 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial work conditioning/hardening three (3x) times a week for four (4) for the left shoulder and left wrist: 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: The injured employee was concurrently requested to attend postoperative physical therapy and work conditioning/work hardening for the left shoulder and the left wrist. A prior request for postoperative physical therapy has been certified. It is not yet been established what type of recovery has occurred from postoperative physical therapy that would necessitate potential work conditioning or work hardening. For this, reason the request for work conditioning/work hardening three times a week for four weeks for the left shoulder and the left wrist is not medically necessary.