MAXIMUS Federal Services

Case Number:	CM14-0036451		
Date Assigned:	06/25/2014	Date of Injury:	10/16/2013
Decision Date:	07/23/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/25/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 46-year-old female with a date of injury of 10/16/2013. The listed diagnoses per [redacted] are 1. Thoracic spondylosis without myelopathy; 2. Carpal tunnel syndrome; 3.Tendinitis/ bursitis of the right hand/wrist; 4. Partial tear of rotator cuff tendon of right shoulder; 5. Thoracic sprain/strain. According to report 03/18/2014 by [redacted], the patient presents with right shoulder, right wrist/hand, and thoracic spine pain. This report is the only report provided in the medical file. The treater states the patient has worked for 5 years and is now temporarily totally disabled due to her work-related injuries. She has completed a total 21 physical therapy sessions to date and has reached a plateau in her recovery with physical medicine. The treater states on 02/26/2014, he requested authorization for 10 work hardening sessions for the patient's thoracic spine, right shoulder, and right wrist. It was subsequently denied by Utilization Review on 03/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardining Screening and a Work Hardening Program times 10 for the right wrist with a follow-up office visit: 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 Medical Treatment Utilization Schedule for the state of CA has the following regarding work hardening program under chronic pain section Work conditioning, work hardening Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Hardening, Physical Medicine Guidelines.

Decision rationale: This patient presents with right shoulder, right wrist/hand, and thoracic pain. The treating physician indicates the patient has failed conservative measures and would like a work hardening screening and work hardening program. MTUS guidelines pg 125 recommends work hardening programs as an option and requires specific criteria to be met for admission including work related musculoskeletal condition with functional limitations, trial of PT with improved followed by plateau, non surgical candidate, defined return to work goal agreed by employer & employee, etc. A defined return to work goal is described as; (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training. Furthermore, "approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program." In this case, there is no documentation of specific job to return to and likelihood of success that this patient will return to work. In addition, it is recommended that a screening take place prior to considering participation in the program. Therefore, the request is not medically necessary.