

Case Number:	CM14-0043423		
Date Assigned:	07/02/2014	Date of Injury:	01/23/2013
Decision Date:	08/29/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/10/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 44-year-old female who reported an injury on 01/23/2013. The mechanism of injury was not provided. On 03/12/2014, the injured worker presented with right hip, right shoulder, right wrist and hand, and bilateral knee pain. Upon examination, there was +2 spasm and tenderness to the right rotator cuff muscles and right upper shoulder muscles. There was a positive Speed's and supraspinatus test to the right. Examination of the wrist and the hands noted a +2 spasm and tenderness to the right anterior wrist and right posterior extensor tendons. There was a positive Tinel's to the right and a positive Phalen's. Examination of the hips revealed a +3 spasm and tenderness in the right gluteus medius muscle and right tensor fasciae latae muscle. There was a positive fabere test to the right. The examination of the bilateral knees noted +3 spasm and tenderness to the bilateral anterior joint line, vastus medialis muscles, and popliteal fossa. There was a positive McMurray's test bilaterally. The diagnoses were after care for surgery of the musculoskeletal system of the right knee, tear of the medial meniscus of the bilateral knee, lateral collateral ligament sprain of the bilateral knees, partial tear of the rotator cuff tendon of the right shoulder, tendinitis/bursitis of the right hand/wrist, rule out carpal tunnel syndrome median nerve entrapment at the right shoulder, tendinitis bursitis of the right hip, and Bell's palsy. Prior therapy included work hardening, medication, and physical therapy. The provider recommended a work-hardening program. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-252, Chronic Pain Treatment Guidelines Work conditioning/hardening Page(s): 125.

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

Decision rationale: The request for Work hardening program is not medically necessary. The California MTUS states that the criteria for admission to a work-hardening program include work related musculoskeletal condition with functional limitations precluding the ability to safely achieve current job demands, which are in the high to medium demand level. After treatment of an adequate trial of physical or occupational therapy with improvement followed by a plateau, not likely to benefit from continued physical or occupational therapy or general condition. The injured worker is not a candidate where surgery or other treatments would be clearly warranted to improve function and physical and medical recovery is sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for 3 to 5 days a week. There must be a defined return to work goal agreed to by the employer and employee with a documented specific job to return to with job demands that exceed abilities or documented on-the-job training. The injured worker must be able to benefit from the program and approval of these programs should require a screening process that includes a file review, interview, and testing to determine likelihood of success in the program. The injured worker must be no more than 2 years past the date of injury, the work-hardening program should be completed in 4 weeks consecutively or less. Treatment is not supported for longer than 1 to 2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. There is a lack of documentation of efficacy of the prior work-hardening program, additionally the amount of work hardening that the injured worker has already participated in was not provided. There is a lack of documentation of an adequate trial of physical or occupational therapy and there was lack of a defined return to work goal agreed to by the employer and employee therefore, the request for Work hardening program is not medically necessary.