

Case Number:	CM14-0071738		
Date Assigned:	07/16/2014	Date of Injury:	11/28/2011
Decision Date:	08/22/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/19/2014

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 Texas and Ohio. 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 46-year-old female who reported an injury on 11/29/2009. The mechanism of injury was not provided. On 03/13/2014, the injured worker presented with pain and loss of active range of motion in the right shoulder, right upper extremity, left wrist and cervical spine. Upon examination, there was decreased cervical spine active range of motion with tenderness and myospasms. Positive orthopedic testing of the cervical spine and paresthesia distally to the bilateral lower and upper extremities to hands. There was a positive Phalen's, positive Tinel's and positive impingement sign. The diagnosis for a right wrist sprain/strain, right shoulder sprain/strain, right elbow lateral epicondylitis, right wrist tenosynovitis, sleep disturbance rule out anxiety, rule out carpal tunnel syndrome and thoracic and cervical muscle spasms. Prior therapy included work condition, chiropractic care, physiotherapy and medications. The provider recommended work condition for flare-ups. The Request For Authorization was dated 02/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 127.

Decision rationale: The request for work conditioning is not medically necessary. The California MTUS Guidelines state that work conditioning is recommended as an option depending on availability of quality programs. The criteria for admission to a work hardening or conditioning program include having a work related musculoskeletal condition with functional limitations precluding the ability to safely achieve current job demands, 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 conditioning or a candidate where surgery or other treatments would clearly be warranted to improve function a defined return to work goal agreed to by the employer or employee. Work conditioning treatment is not supported for longer than 1 to 2 weeks without evidence of injured worker complaints and demonstrated significant gains as documented by a subjective and objective gains and measurable improvement in functional abilities. The documentation state that the injured worker had completed a course of work conditioning previously. However, the efficacy of the previous work conditioning was not provided. As there is no evidence of significant improvements from proper conditioning, the request would not be medically warranted. As such, the request is not medically necessary.