

Case Number:	CM14-0080165		
Date Assigned:	07/18/2014	Date of Injury:	01/27/2007
Decision Date:	09/15/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/30/2014

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, 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 49 year old female with an injury date on 01/27/2007. Based on the 03/07/2014 progress report provided by [REDACTED] the diagnoses are: 1 Cervical spine radiculopathy 2. Right shoulder impingement 3. Right C.T.S. According to this report, the patient complains of increased neck pain, right shoulder pain and right wrist pain. The 01/31/2014 A.M.E. report indicates positive Neer and Hawkins test on the right. Weakness of the right shoulder was noted in all six directions. Ranges of motion of the cervical and right shoulder are restricted. Paresthesia is noted in the right 3rd to 5th fingers. Right ulnar neuropathy is also noted. There were no other significant findings noted on this report. The utilization review denied the request on 04/03/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 12/18/2013 to 04/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Conditioning 2 x week x 4 weeks for total: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines; Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

Decision rationale: According to the 03/07/2014 report by [REDACTED] this patient presents increased neck pain, right shoulder pain and right wrist pain. The treater is requesting 8 sessions of work conditioning. Regarding work hardening, MTUS guidelines page 125 recommend it as an option, depending on the availability of quality programs. One of the criteria for admission to work hardening is that "The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit." Review of the reports show that the patient dates of injury was over 2 years. Furthermore, the treater does not indicate whether or not the patient has a job to return to. The request is not medically necessary.