

Case Number:	CM14-0083341		
Date Assigned:	07/21/2014	Date of Injury:	04/04/2013
Decision Date:	08/26/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/03/2014

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 & Rehab and is licensed to practice in Maryland. 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 37 year old female with a work injury dated 4/4/13. The diagnoses include lumbar myofasciitis, lumbar spine sprain/strain, thoracic sprain/strain, lateral epicondylitis, hand sprain/strain, insomnia. . Under consideration is a request for eight sessions of work conditioning program. There is a 4/4/14 primary treating physician progress report that is handwritten and difficult to read. The patient complained of left elbow and lumbar pain. Upon examination there was limited range of motion, spasm, tenderness and a positive Phalen's and Tinel's tests. She was prescribed Omeprazole and topical creams. She was on temporary total disability. The rest of the examination findings were illegible. The documentation submitted reveals the patient has had chiropractic physical therapy, trigger point injections, acupuncture, and rest. A 4/12/14 Right Elbow MRI was unremarkable. A 4/12/14 Right Hand MRI revealed Subchondral cyst formation within the lunate, triquetrum, and capitates. A 3/29/14 Thoracic MRI revealed a normal MRI of the thoracic spine. A 3/29/14 Lumbar MRI revealed an unremarkable MRI of the lumbar spine. A 2/24/14 procedure document states that the patient had Trigger Point Injections x 4 Performed to Paralumbar muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of work conditioning program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Physical Medicine Guidelines, Work Conditioning.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, Work Hardening Page(s): 125-126.

Decision rationale: Eight sessions of work conditioning program are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a work conditioning program can be considered after treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning. Furthermore there should be a defined return to work goal agreed to by the employer & employee with a documented specific job to return to with job demands that exceed abilities, OR Documented on-the-job training. The documentation submitted reveals that the patient has had chiropractic physical therapy. There is no evidence in the documentation submitted of the outcomes of this therapy. Furthermore the documentation submitted does not reveal a defined return to work goal agreed upon by the employer and employee. The request for eight sessions of work conditioning program are not medically necessary.