MAXIMUS Federal Services

Case Number:	CM14-0084791		
Date Assigned:	07/21/2014	Date of Injury:	05/10/2013
Decision Date:	08/27/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/06/2014

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 Emergency Medicine 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 claimant is a patient with reported date of injury on 5/10/2013. No mechanism of injury was provided. The patient has a diagnosis of left shoulder impingement, left shoulder subacromial bursitis, biceps tendinitis, rotator cuff tenosynovitis with tendinopathy and cervical sprain. Medical records were reviewed with the last report available until 5/2/14. The patient complains of low back pain radiating to the left leg associated with numbness, which worsens with activity. Objective exam reveals increased range of motion (ROM) of the left shoulder with pain with abduction to 100 degrees and decreased sensation to C5-6. Tenderness to L4-5 and L5-S1 region with decreased ROM of lumbar spine. There was no advance imaging or any electrodiagnostic reports provided for review. The patient reportedly had 6 sessions of Occupational Therapy on 6/13. The patient also has had extensive chiropractic sessions. The patient had reportedly undergone acupuncture. Independent Medical Review is for Work conditioning for cervical and thoracic spine x 10 sessions. Prior UR on 5/21/14 recommended non-certification of work conditioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning for the cervical and thoracic spine for 10 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening/Work Conditioning Program Page(s): 125-126.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening, page(s): 125.

Decision rationale: As per MTUS Chronic pain guidelines, Work conditioning may be considered under specific criteria. Due to lack of documentation, the patient fails multiple criteria. A basic criterion that is especially noted is a requirement of an adequate trial of physical therapy/occupational therapy with a plateau that is not likely to improve with continued therapy. The patient has only had 6 sessions of occupational therapy nearly a year before the request. Work conditioning is not medically necessary.