

Case Number:	CM14-0086622		
Date Assigned:	06/11/2014	Date of Injury:	06/03/2013
Decision Date:	07/23/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/13/2013

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 and Rehabilitation, and Pain Medicine and is licensed to practice in Texas. 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 59-year-old male whose date of injury is 06/03/13. On this date, he was involved in a motor vehicle accident. He complained of left shoulder, neck and back pain. The treatment to date includes physical therapy. A functional capacity evaluation dated 09/17/13 indicates that the injured worker's physical demand level was sedentary and required physical demand level is heavy. The diagnoses are listed as post concussion syndrome, cervical disc herniation with myelopathy, lumbar disc displacement without myelopathy, bursitis and tendinitis of the bilateral shoulders, and bilateral rotator cuff sprain/strain. An electrodiagnostic report dated 01/27/14 indicates that there is evidence of multi-cervical root pathology and bilateral carpal tunnel syndrome. Note dated 06/18/14 indicates that there is 3+ spasm and tenderness to the lumbar paraspinals bilaterally. The Kemp's is positive bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) WORK HARDENING PROGRAM VISITS INCLUDING ADDITIONAL THERAPY, ELECTRICAL MUSCLE STIMULATION TO THE CERVICAL SPINE, INFRARED TO THE LUMBAR SPINE, AND LEFT SHOULDER THERABAND:

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), Work Conditioning.

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

Decision rationale: The submitted records fail to establish that the injured worker has undergone an adequate course of physical therapy with improvement, followed by plateau. The Chronic Pain Guidelines indicate that one of the criteria for the admission to a Work Hardening Program includes: 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. The guidelines also indicate that a defined return to work goal agreed to by the employer and employee is also a criteria. There is no current functional capacity evaluation submitted for review and no current psychosocial evaluation. There is no specific, defined return to work goal provided. The request is not medically necessary.

FOLLOW-UP VISIT, WITH RANGE OF MOTION (ROM) MEASUREMENT AND PATIENT EDUCATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Flexibility.

Decision rationale: There is no clear rationale provided to support the request at this time. There is no indication that the injured worker has undergone any recent active treatment. The injured worker's compliance with an active home exercise program is not documented. Therefore, medical necessity cannot be established.