

<b>Case Number:</b>	CM15-0143913		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	11/18/2014
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 (IW) is a 48 year old male who sustained an industrial injury on 11/18/2014. He reported being struck on the head and left side by a concrete truck chute. The injured worker was diagnosed as having: Cervical Disc Herniation without myelopathy; Post - Concussion Syndrome; Carpal sprain and strain of the right wrist; Treatment to date has included oral and transdermal medications, shockwave therapy, and continuous cervical traction with a home unit, home exercise, relaxation, chiropractic care, and acupuncture. Currently, the injured worker complains of frequent severe headaches described as pulsating, neck pain described as achy, constant severe right shoulder pain described as achy, constant severe left shoulder pain described as achy and all increased by daily activities. He also complained of constant, severe right hand and wrist pain described as pulsating and increased by daily activities. He rates the head and neck pain after working as an 8 on a scale of 0-10. On exam, there was +3 spasm and tenderness to the bilateral paraspinal muscles from C2-C7, bilateral sub occipital muscles and bilateral upper shoulder muscles. Cervical range of motion was diminished and painful in all planes. The distraction test was positive bilaterally. Shoulder depression test was positive bilaterally, the right brachioradialis reflex was decreased, and the right triceps reflex was decreased. Cervical dermatomes were equal bilaterally to light touch, and cervical Myotomes were within normal limits bilaterally. There was 3+ spasm and tenderness to the right anterior wrist and right posterior extensor tendons. Right wrist active range of motion was diminished and painful in all planes. The treatment was for home exercises (which he was instructed in), compounded topical medications, and a program of work hardening and conditioning for ten visits. A request for authorization was made for the following: 6 work hardening sessions to the cervical spine, right wrist, and head, 3 times a week for 2 weeks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**6 work hardening sessions to the cervical spine, right wrist, and head, 3 times a week for 2 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Work conditioning, work hardening.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work hardening program Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Work hardening program.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 6 work hardening sessions to the cervical spine, right wrist and head three times per week times two weeks is not medically necessary. Work hardening is recommended as an option for treatment of chronic pain syndromes, depending on the availability of quality programs. Work hardening is an interdisciplinary, individualized, job specific program of activity with the goal of return to work. The criteria include screening documentation, diagnostic interview with a mental health provider, job demands, functional capacity evaluation, previous physical therapy, rule out surgery, other contraindications, or return to work plan, drug problems, program documentation, further mental health evaluation, supervision, a trial (not longer than one two weeks without evidence of compliance and demonstrated significant gains objective and subjective), currently working (worker must be no more than two years past date of injury), program timelines and repetition. In this case, the injured worker's working diagnoses are cervical disc herniation without myelopathy; post-concussion syndrome; carpal sprain strain right wrist. The date of injury is November 18, 2014. Request for authorization is June 18, 2015. According to a new patient initial encounter dated June 1, 2015 progress note, subjectively, the injured worker had complaints referable to the head, neck, right wrist and hand. Objectively, there was tenderness and spasm of the paravertebral muscles with decreased range of motion area there was tenderness and spasm of the right wrist and hand. The documentation in the initial encounter states there were no diagnostic tests available for review. Review of records were not available for review. Consultation notes were not available for review. The injured worker is a construction worker and had a psychology evaluation February 26, 2015. The documentation indicates the injured worker was released to work with work restrictions until August 1, 2015. Work restrictions included no lifting greater than 10 pounds right hand and no overhead work. There was no functional capacity evaluation in the medical record. No physical therapy progress notes in the medical record. Consequently, absent clinical documentation of a functional capacity evaluation, previous physical therapy in the presence of a return to work plan and a psychology evaluation in February 2015 that did not address a work hardening program, 6 work hardening sessions to the cervical spine, right wrist and head three times per week times two weeks is not medically necessary.