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| Case Number: | CM15-0167376 | | |
| Date Assigned: | 09/08/2015 | Date of Injury: | 06/06/2014 |
| Decision Date: | 10/07/2015 | UR Denial Date: | 07/30/2015 |
| Priority: | Standard | Application Received: | 08/25/2015 |

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: North Carolina

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 56-year-old female with a date of injury of 6-06-2014. Diagnoses include cervical disc herniation without myelopathy, partial tear rotator cuff tendon left shoulder, and lateral epicondylitis left elbow. Treatment has included surgical intervention (left shoulder arthroscopy, partial synovectomy, chondroplasty and subacromial decompression dated 3-20- 2015), as well as conservative measures including diagnostics, physical therapy, medications and injections. Electrodiagnostic testing dated 6-19-2015 showed left carpal tunnel syndrome. Per the Primary Treating Physician's Progress Report (PR-2) dated 7-16-2015, the injured worker reported left shoulder, left elbow and cervical spine pain. Objective findings of the cervical spine included a trigger point to the bilateral paraspinal muscles from C4-C7 and bilateral suboccipital muscles. Shoulder depression test was positive on the left. Shoulder examination revealed +1 spasm and tenderness to the left rotator cuff muscles and left upper shoulder muscles. Codman's, Speeds and Supraspinatus tests were positive on the left. There was +2 spasm and tenderness to the left lateral epicondyle of the left elbow with a positive Cozen's test. The plan of care included, and authorization was requested for a program of progressive reactivation x 5 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

A program of progressive reactivation, quantity: 5 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11, Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening.

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

Decision rationale: The California MTUS section on work hardening states: Recommended as an option, depending on the availability of quality programs. Criteria for admission to a Work Hardening Program: (1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). (2) 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. (3) Not a candidate where surgery or other treatments would clearly be warranted to improve function. (4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week. (5) A defined return to work goal agreed to by the employer & employee: (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training. (6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. (7) 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. (8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less. (9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. (10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. The provided medical records do not meet criteria as cited above and therefore the request is not medically necessary.