

Case Number:	CM15-0024402		
Date Assigned:	02/13/2015	Date of Injury:	05/13/2013
Decision Date:	04/15/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/09/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 57 year old male sustained an industrial injury on 5/13/13, with subsequent of neck, back, bilateral shoulder and right wrist and hand pain. No recent radiology reports were available for review. Treatment plan included physical therapy and medications. The total number of previous physical therapy sessions completed was not clear. In a PR-2 dated 12/29/14, the injured worker complained of headache and pain to the right shoulder, elbow, wrist and hand, cervical spine, lumbar spine, thoracic spine and testicles. Physical exam was remarkable for tenderness to palpation to the cervical spine, thoracic spine and lumbar spine with spasms, cervical spine with positive axial compression test, distraction test and shoulder decompression test, lumbar spine with positive Kemp's test and Yeoman's test, tenderness to palpation to the left groin, tenderness to palpation to the right upper shoulder muscles and rotator cuff muscles with positive Speed's test and supraspinatus test on the right, tenderness to palpation to the right lateral and medial epicondyle with spasm and positive Cozen's test and right wrist with tenderness to palpation and spasm with positive Bracelet test. The physician noted that the injured worker had completed 12 sessions of physical therapy but reached a plateau in his recovery with therapy. Current diagnoses included cervical disc herniation without myelopathy, thoracic and lumbar spine disc displacement without myelopathy, bursitis and tendonitis of the shoulders, right lateral epicondylitis, right hand/wrist tendinitis, right wrist carpal tunnel syndrome, inguinal hernia, anxiety and sleep disorder. The treatment plan included ten work hardening sessions. On 1/7/15, Utilization Review noncertified a request for work hardening for the right wrist, elbow and shoulder x 10 visits noting lack of objective functional improvement

from previous physical therapy and citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening for the right wrist, elbow and shoulder x 10 visits: Upheld

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

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

Decision rationale: The UR physician cites previous participation in 21 visits of work hardening as her rationale for denial, noting it is 1 more than guideline. However, my review of the 12/14 documentation notes that 10 visits of work hardening were requested because the IW had plateaued after 10 visits of PT. However, there is no documentation of any goal agreed to by the employer and employee, which is required for medical necessity.