

Case Number:	CM15-0056731		
Date Assigned:	04/01/2015	Date of Injury:	01/27/2014
Decision Date:	05/05/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/25/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 47-year-old male construction worker who sustained an industrial fall injury on January 27, 2014. The injured worker was diagnosed with right and left shoulder impingement, cervical and thoracic myofascial, lumbar disc protrusion, transverse process fractures at L3 and L4 and cervical and lumbar radiculopathy. Treatment plan to date consists of modified duty, diagnostic testing, medications, physical therapy and 12 sessions of work hardening/conditioning. According to the primary treating physician's progress report on February 3, 2015, the injured worker continues to experience right shoulder pain, low back pain with bilateral lower extremity symptoms (right side greater than left), thoracic and cervical pain and left shoulder pain. Examination of the lumbar spine demonstrated tenderness with decreased range of motion with positive straight leg raise bilaterally. Lower extremity deep tendon reflexes were intact and symmetrical. Examination of the cervical spine demonstrated tenderness with decreased range of motion and diminished sensation of the C6 and C7 dermatome distribution. The upper extremity deep tendon reflexes were intact and symmetrical. Bilateral shoulders had limited range of motion. Right wrist extensors were noted at 4+/5. Current medications are listed as Tramadol, Cyclobenzaprine, Naproxen and Omeprazole. Treatment plan consists of an approved right arthroscopic subacromial decompression scheduled on April 27, 2015 with post-operative physical therapy; continue current medication regimen and the request for 12 additional work hardening/conditioning sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional work conditioning/work hardening sessions: 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), Physical Therapy.

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

Decision rationale: The ODG Work Conditioning (WC) Physical Therapy Guidelines state that WC amounts to an additional series of intensive physical therapy (PT) visits required beyond a normal course of PT, primarily for exercise training/supervision (and would be contraindicated if there are already significant psychosocial, drug or attitudinal barriers to recovery not addressed by these programs). See also Physical therapy for general PT guidelines. WC visits will typically be more intensive than regular PT visits, lasting 2 or 3 times as long. And, as with all physical therapy programs, Work Conditioning participation do not preclude concurrently being at work. Suggested Timelines: 10 visits over 4 weeks, equivalent to up to 30 hours. For work hardening a valid Functional Capacity Evaluation a (FCE) should be performed, administered and interpreted by a licensed medical professional. The results should indicate consistency with maximal effort, and demonstrate capacities below an employer verified physical demands analysis (PDA). Inconsistencies and/or indication that the patient has performed below maximal effort should be addressed prior to treatment in these programs. In this case the injured worker has completed 12 work conditioning/work hardening sessions. The rationale for 12 additional visits is unclear. There is no documentation of an FCE. He is scheduled for right shoulder arthroscopic surgery on 4/27/15 with 12 post-operative physical therapy visits. This would preclude the more intensive visits for work conditioning/work hardening. The request for 12 additional work conditioning/work hardening sessions is not medically necessary.