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| Case Number: | CM14-0162811 | | |
| Date Assigned: | 10/08/2014 | Date of Injury: | 05/30/2014 |
| Decision Date: | 11/13/2014 | UR Denial Date: | 10/03/2014 |
| Priority: | Standard | Application Received: | 10/03/2014 |

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 Occupational Medicine and is licensed to practice in California. 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:

Patient is a 51 year-old male with date of injury 05/30/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/21/2014, lists subjective complaints as pain in the bilateral arms. Objective findings: Bilateral shoulders: no tenderness over sterno-clavicular joint, acromioclavicular joint and bicipital tendon. Tender over subacromial space, deltoids, and periscapular muscles. Range of motion within normal limits. Bilateral elbows: no tenderness over medial epicondyle, lateral epicondyle or olecranon. Tender over forearm flexor musculature, and forearm extensor musculature. Range of motion within normal limits. Bilateral wrists: no tenderness over radial styloid/anatomical snuff box, radial-ulnar joints, or carpal bones. Range of motion within normal limits. Bilateral upper extremity motor and sensory tests were within normal limits. Hawkin's test was positive bilaterally. EMG/NCS studies of the upper extremities from 08/14/2014 showed evidence of right mild carpal tunnel syndrome. Diagnosis: 1. Tendinitis of bilateral hands, wrists and elbows. Patient has completed 12 sessions of physical therapy and 6 sessions of acupuncture to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening times 10 Sessions (4hr): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 130.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126.

Decision rationale: 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. There is no documentation in the medical record that the patient underwent the above screening. Work Hardening times 10 Sessions (4hr) is not medically necessary.