

Case Number:	CM14-0166830		
Date Assigned:	10/14/2014	Date of Injury:	03/24/2014
Decision Date:	11/14/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/09/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 33-year-old male who sustained an injury on 3/24/14. He complained of severe mid back, low back and right shoulder pain. Pain was rated at 6-7/10. He was also having sleep disturbance. Exam of the cervical and thoracic spine had normal lordosis. Reflexes of the upper extremities and lower extremities were 2/4. Seated straight-leg raises were equivocal bilaterally. There was positive facet loading maneuvers, bilaterally; also positive Hawkin's test on right. MRI of the lumbar spine dated 5/20/14 revealed lower lumbar spondylosis and broad, shallow disk protrusion moderately indented to the thecal sac at L4-L5 level; additionally, facet arthropathy noted at L4-L5 and L5-S1 levels. MRI of the right shoulder on 06/08/14 revealed mild supraspinatus, infraspinatus and subscapularis without visible rotator cuff tear. Equally, degeneration of the biceps tendon and labral complex was noted. His current medications include Acetaminophen (Tylenol XS) and ██████████ Warm Therapy Gel. Past treatments have included lumbar medial branch block on 08/12/14 without improvement and he had failed conservative treatment efforts including medications, physical therapy, and home exercise program. He also had a Kenalog and Lidocaine injection to the right shoulder on 07/17/14, which was not effective in decreasing pain. Diagnoses include right rotator cuff tendinitis, thoracic strain, and lumbar myofascial pain. The request for 10 4-hour sessions of a work hardening program for the thoracic spine, lumbar spine, right arm and right shoulder was denied on 09/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten 4 hour sessions of a work hardening program for the thoracic spine, lumbar spine, right arm and right shoulder: 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 program Page(s): 125.

Decision rationale: Work Hardening program is 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 (function capacity evaluation) 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. (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. In this case, there is no evidence of adequate trial of physical or occupational therapy associated with improvement followed by plateau. There is no documentation of a defined return to work goal agreed to by the employer & employee as per guidelines. There is no documentation of screening demonstrating the ability of the injured worker to benefit from this program and determining likelihood of success. Therefore, the request is considered not medically necessary as the criteria are not met per cited guidelines.