

Case Number:	CM13-0054438		
Date Assigned:	12/30/2013	Date of Injury:	04/02/2013
Decision Date:	03/10/2015	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/15/2013

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 63 year old female who sustained a work related injury on 4/02/2013. The mechanism of injury has not been provided with the clinical documentation submitted for review. Per the Primary Treating Physician's Progress Report dated 10/16/2013 the injured worker reported occasional moderate throbbing pain to the cervical spine, constant moderate to severe pain in the lumbar spine, constant slight aching and tingling pain in the right shoulder, frequent severe sharp pain in the left wrist and hand and frequent moderate pain in the thoracic spine, described as sharp. Objective physical examination of the cervical spine revealed +3 spasm and tenderness to the bilateral paraspinal muscles from C2-C7, bilateral sub occipital muscles and bilateral upper shoulder muscles. There is a positive distraction test, depression test and axial compression test. The left C5-C7 myotomes showed weakness, and the left biceps and brachioradialis reflex were decreased. The thoracic spine has +2 spasms and tenderness to the bilateral thoracic paraspinal from T1-9. In the lumbar spine there is +3 spasm and tenderness to the bilateral paraspinal muscles from L1-S1, multifidus and left piriformis. Straight leg raise test and Braggard's test are positive on the right, Kemp's test and Yeoman's tests are positive bilaterally. The right hamstring and Achilles reflexes are decreased. There is +3 spasm and tenderness to the right shoulder and right rotator cuff muscles. Speed's test and supraspinatus test are positive on the right. There is +3 spasm and tenderness to the left anterior and posterior wrist. Bracelet test is positive on the left. Diagnoses include lumbar disc displacement with myelopathy, cervical disc herniation with myelopathy, thoracic disc displacement without myelopathy, bursitis and tendinitis of the shoulder, rotator cuff syndrome and tendinitis/bursitis of the hand/wrist. The plan of care

included a work hardening program, use of an interferential muscle stimulator, lumbosacral orthosis, magnetic resonance imaging (MRI) and a functional capacity evaluation. Work Status is modified. Prior intervention has included 18 visits of physical therapy. On 10/30/2013, Utilization Review non-certified a prescription for Work hardening (18 visits) for the back based on lack of medical necessity. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK HARDENING PROGRAM (6 TIMES PER WEEK, FOR 3 WEEKS BACK):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126.

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

Decision rationale: This patient presents with cervical spine, lumbar spine, thoracic spine, right shoulder, and left wrist, and hand pain. The treater is requesting WORK HARDENING PROGRAM 6 TIMES PER WEEK FOR 3 WEEKS, BACK. The patient's work status is modified duty. The MTUS Guidelines page 125 on work conditioning/work hardening recommends this as an option depending on the availability of quality program. The criteria for admission to work hardening program include among others a functional capacity evaluation to determine the patient's maximum effort, a job to return to or on the job training, etc. The 10/16/2013 report notes that an FCE was requested. None of the reports show a functional capacity evaluation report. The treater provides only general goals such as increasing work capacity, activities of daily living continued work restrictions, decreased the need for medication, decreased visual analog scale rating, decreased swelling, and increased measured active range of motion. In this case, the patient does not meet the criteria per the MTUS Guidelines, the request IS NOT medically necessary.