

Case Number:	CM14-0210622		
Date Assigned:	12/23/2014	Date of Injury:	08/03/2008
Decision Date:	02/27/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 51-year old female with date of injury 8/3/08. The treating physician report dated 11/14/14 (67) indicates that the patient presents with multiple musculoskeletal complaints. The physical examination findings reveal moderate pain in the neck, shoulders and arms. The patient displays tenderness throughout the neck with moderate pain and some limitation with range of motion. Her shoulders remain tender at the anterolateral acromion and AC joints. The patient's impingement sign is positive bilaterally. There is pain, but no weakness with range of motion. Prior treatment history includes tubal ligation, left shoulder surgery, elbow surgery and right carpal tunnel release. A request for a cervical spine MRI was denied. The current diagnoses are: -Lumbago-Cervicalgia-Lesion of ulnar never-Disorders of Bursae & Tendons in Shoulder Region, unspecified-Neck Sprain-Carpal tunnel syndromeThe utilization review report dated 12/11/14 denied the request for job retraining based on MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Job retraining: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30, 49.

Decision rationale: The patient presents with multiple musculoskeletal complaints. The physical examination findings reveal moderate pain in the neck, shoulders and arms. The current request is for job retraining. The treating physician report dated 11/14/14 (67) states, "We have discussed her ability to work in the future. I think that she is likely going to have permanent restrictions. I'm requesting authorization for job retraining." The Panel QME supplemental report dated 5/16/14 states "based upon my examination and the FCE findings, she can return to her usual occupation as long as she can remain within the restrictions outlined in my initial report and FCE." MTUS is silent as to the request of "job retraining." However, we can examine the request under the guides of a functional restoration program given that appears to be the intent of the "job retraining" request. MTUS guidelines state, "treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." The MTUS goes on to state that a continuous course of treatment should not be disrupted, but the program must demonstrate preliminary gains. In this case, we find the treating physician has asked for "job retraining." However, the records do not specify how many hours per day, and what the program will entail. While it may be appropriate to allow a consultation to determine the patient's candidacy and for a better delineation of the program, the current request cannot be authorized as requested. MTUS guidelines require documentation of patient's candidacy that includes addressing the negative predictors. The medical records provided do not provide any of this information. Furthermore, MTUS recommends 2 weeks duration before considering additional treatments. Therefore, this request is not medically necessary.