

Case Number:	CM14-0215693		
Date Assigned:	01/05/2015	Date of Injury:	04/15/2013
Decision Date:	03/03/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/23/2014

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: Texas, Ohio, California
 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:

FILE NUMBER: CM14-0215693 CLINICAL SUMMARY: The applicant is a represented [REDACTED] employee who has filed a claim for chronic upper extremity pain reportedly associated with an industrial injury of April 15, 2013. In a Utilization Review Report dated December 1, 2014, the claims administrator failed to approve a request for work conditioning for left shoulder and right upper extremity. The claims administrator noted that the applicant had a history of earlier right middle finger surgery. The claims administrator stated that the applicant's job description had not been detailed. The claims administrator referenced an RFA form of November 11, 2014 and an associated progress note of November 6, 2014 in its determination. The applicant's attorney subsequently appealed. In a progress note dated November 6, 2014, the attending provider gave the applicant a rather proscriptive 10-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place. The applicant reported ongoing complaints of right middle finger and left shoulder pain, 6/10, worse with use. The applicant was using Neurontin, tramadol, and Naprosyn. In another section of the note, the attending provider stated that the applicant was not working as the applicant's employer did not accommodate restrictions. The attending provider stated that the applicant had not had any work conditioning therapy. In an earlier note dated October 7, 2014, the attending provider again stated that the applicant was not working. 7/10 right upper extremity and left shoulder pain was appreciated. Work conditioning was endorsed. The same, unchanged, 10-pound lifting limitation was again renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning physical therapy for left shoulder & right upper extremity x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening topic. Page(s): 125.

Decision rationale: The request for work conditioning is not medically necessary, medically appropriate, or indicated here. As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of work conditioning and/or work hardening is evidence that an applicant has a clearly defined return-to-work goal, already agreed upon by both the applicant and employer, with a documented specific job to return to with job demands which exceed job abilities. Here, the applicant's job duties and job demands are not clearly outlined. It was not clearly established that the applicant in fact had a job to return to. Therefore, the request is not medically necessary.