

Case Number:	CM14-0057650		
Date Assigned:	07/09/2014	Date of Injury:	11/24/2013
Decision Date:	02/25/2015	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/28/2014

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, California
 Certification(s)/Specialty: Family Practice

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 21 years old female patient who sustained an injury on 11/24/2013. She sustained the injury due to slipped and fell down six steps. The current diagnoses include cervical sprain, thoracic sprain, lumbar sprain, right shoulder sprain, right knee sprain and left ankle sprain. Per the doctor's note dated 8/28/2014, she had complaints of neck pain, back pain, right shoulder pain, right knee pain and left ankle pain. The physical examination revealed decreased cervical range of motion with pain, decreased thoracic and lumbar spine range of motion with pain, positive Kemp's test bilaterally; left shoulder- decreased range of motion, tenderness; soreness upon end range of motion with right knee, tenderness around the left lateral malleolus and fifth metatarsal and 4/5 strength in left ankle. The medications list includes norco and flexeril. She has had left ankle X-ray dated 3/14/14 which revealed minimal soft tissue swelling at the ankle. She has had physical therapy visits and chiropractic visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning 2 times per week for 4 weeks, left shoulder, lumbar, cervical, right knee: 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 conditioning, work hardening Page(s): 125-126.

Decision rationale: Per the cited guidelines, work conditioning is "Recommended as an option, depending on the availability of quality programs." There was no documentation provided for review that the patient failed a return to work program with modification. There are no complete therapy progress reports that objectively document the clinical and functional response of the patient from the previously rendered sessions. Previous conservative therapy visit notes are not specified in the records provided. The medical necessity of work conditioning 2 times per week for 4 weeks, left shoulder, lumbar, cervical, right knee is not established for this patient.