

<b>Case Number:</b>	CM15-0010492		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	08/26/2014
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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, Arizona

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:

The injured worker is a 48-year-old female who reported an injury on 08/26/2014. The mechanism of injury was a rack fell on her and she tried to stop it from falling by holding it up and felt immediate pain in the left shoulder that radiated towards the back. Her diagnoses included lumbar disc displacement without myelopathy, cervical disc herniation without myelopathy, bursitis, and tendinosis of the left shoulder, left shoulder impingement, left carpal sprain/strain, left ankle sprain/strain, and thoracic sprain/strain. Her medications included Ultram and a compounded topical ointment. Diagnostic studies have included a left shoulder x-ray on 11/05/2014, an MRI of the left shoulder on 10/14/2014, an MRI of the left foot, and x-rays of the left foot on 11/05/2014. Her treatments have included physical therapy, pain medication, and work modification. The progress note dated 12/19/2014 documented the injured worker had complaints of pain to the cervical spine, thoracic spine, lumbar spine, left shoulder, left wrist and hand, and left ankle and foot. All areas were considered constant moderate to severe pain except the left wrist and hand, which was described as moderate pain with numbness and tingling. On physical exam, it was noted the cervical spine had +2 spasm and tenderness to the bilateral paraspinal muscles from C2-7 and bilateral suboccipital muscles. Shoulder depression test was positive on the left, and left biceps reflex was decreased. Thoracic spine was noted to have a +3 spasms and tenderness to the bilateral paraspinal muscles from T3-8. Lumbar spine had +3 spasm and tenderness to the bilateral lumbar paraspinal muscles from L1-S1. Kemp's and Yeoman's tests were positive bilaterally. Straight leg test was positive on the right. Shoulders were noted to have a +3 spasms and tenderness on the left rotator cuff muscles and left upper

shoulder muscles. Codman's, Speed's, supraspinatus, Neer's, and push button tests were all positive on the left. Wrists and hands were noted to have a +2 spasms and tenderness to the left anterior wrist and left posterior extensor tendons. Bracelet test and Finkelstein's were positive on the left. Grip testing on the left wrist was 50/45/50. Right wrist measured at 70/70/65. Ankles and feet were noted to have a +3 spasms and tenderness to the left anterior heel, mortise joint, and dorsum of the foot. Varus test was positive on the left. The injured worker was noted to have completed 6 sessions of physical therapy with no functional improvement.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Work hardening 10 visits to cervical, lumbar, left shoulder, wrist, ankle and thoracic:**  
Upheld

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

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

**Decision rationale:** The request for Work hardening 10 visits to cervical, lumbar, left shoulder, wrist, and ankle and thoracic is not medically necessary. The California MTUS Guidelines state work hardening is recommended as an option, depending on the availability of quality programs. Criteria for admission to a work hardening program include 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 may be required. 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. Not a candidate where surgery or other treatments would clearly be warranted to improve function. A defined return to work goal agreed to by the employer and employee. The worker must be no more than 2 years past date of injury. Work hardening programs should be completed in 4 weeks consecutively or less. Treatment is not supported for longer than 1 to 2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. There is a lack of documentation regarding physical therapy plateau. The documentation indicates the injured worker made no progress with the initial 6 visits of physical therapy. The guidelines indicate the physical and medical recovery must be sufficient enough to allow for progressive reactivation and participation of a minimum of 4 hours a day for 3 to 5 days a week. The documentation in the progress note indicates the pain was made worse by walking, grasping items, use of the arms, and sitting. There is no indication the injured worker would be able to participate with work hardening for 4 hours a day 3 to 5 days a week. The request for Work hardening 10 visits to cervical, lumbar, left shoulder, wrist, and ankle and thoracic is not medically necessary.