

Case Number:	CM15-0119619		
Date Assigned:	07/07/2015	Date of Injury:	08/23/2013
Decision Date:	08/04/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/22/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 64 year old female who sustained an industrial injury on 08/23/2013. There was no mechanism of injury documented. The injured worker was diagnosed with left shoulder rotator cuff tear, left hip sprain/strain, sciatica and lumbar disc displacement with myelopathy. Treatment to date has included diagnostic testing including arthrogram magnetic resonance imaging (MRI) of the left shoulder, physical therapy, back support brace, cane and medications. According to the primary treating physician's progress report on June 1, 2015, the injured worker continues to experience left shoulder, lumbar spine and left hip pain. Examination of the lumbar spine demonstrated 3+ spasm and tenderness to palpation of the bilateral paraspinal muscles from L1-S1, multifidus and left piriformis muscle. Kemp's test was positive bilaterally. Straight leg raise, Yeoman's and Braggard's tests were positive on the left. The left L4, L5 and S1 myotome showed marked weakness. Examination of the left shoulder revealed 4+ spasm and tenderness to the left rotator cuff and left upper shoulder muscles. There was numbness and tingling to the left elbow. Codman's, Speeds and supraspinatus tests were positive on the left shoulder. The hips noted 4+ spasm and tenderness to the left gluteus medius and tensor fasciae latae muscles. Fabere's, Anvil's and Thomas' tests were positive on the left hip. The injured worker wears a lumbar support and ambulates with a cane. Current medications are listed as Norco 10/325mg, Neurontin and Nortriptyline. Treatment plan consists of continuing with pain management and medication regimen, home exercises, possible surgery to the left shoulder and the current request for follow up visit with range of motion for

measurement/addressing activities of daily living, work hardening/conditioning, electrical muscle stimulation and infrared (10 sessions) three times weekly for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit with range of motion measurement and addressing, ADLs: 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, early intervention Page(s): 32-33.

Decision rationale: ROM evaluation is a basic part of musculoskeletal examination and should be routinely performed without the need for a specialist. Therefore, the request for Follow up visit with range of motion measurement and addressing, ADLs is not medically necessary.

Work hardening/conditioning with electrical muscle stimulation, infrared, 10 visits, 3 times weekly, lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) .

Decision rationale: According to ODG guidelines, work hardening "Recommended as an option, depending on the availability of quality programs, and should be specific for the job individual is going to return to. (Schonstein-Cochrane, 2003)" There is limited literature support for multidisciplinary treatment and work hardening for the neck, hip, knee, shoulder and forearm. (Karjalainen, 2003) Work Conditioning should restore the client's physical capacity and function. Work Hardening should be work simulation and not just therapeutic exercise, plus there should also be psychological support. Work Hardening is an interdisciplinary, individualized, job specific program of activity with the goal of return to work. Work Hardening programs use real or simulated work tasks and progressively graded conditioning exercises that are based on the individual's measured tolerances. (CARF, 2006) (Washington, 2006) The need for work hardening is less clear for workers in sedentary or light demand work, since on the job conditioning could be equally effective, and an examination should demonstrate a gap between the current level of functional capacity and an achievable level of required job demands. As with all intensive rehab programs, measurable functional improvement should occur after initial use of WH. It is not recommended that patients go from work conditioning to work hardening to chronic pain programs, repeating many of the same treatments without clear evidence of benefit. (Schonstein-Cochrane, 2008) For more information and references, see the Low Back Chapter. There is limited literature supporting the use of Hardening programs of the knee. In addition, there is no documentation that the patient fulfilled the conditions to be eligible for work hardening program. Therefore, this request is not medically necessary.