

Case Number:	CM15-0046516		
Date Assigned:	03/18/2015	Date of Injury:	09/05/2014
Decision Date:	04/23/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/11/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 24 year old male, who sustained an industrial injury on 9/05/2014, while employed as a maintenance worker. He reported left shoulder pain, along with a popping sensation, when moving boxes. The injured worker was diagnosed as having lumbar/thoracic/cervical spondylosis without myelopathy, left shoulder partial rotator cuff tear, lateral epicondylitis of the left elbow, left carpal tunnel syndrome, and tendinitis/bursitis of the left hand/wrist. Treatment to date has included conservative measures, including diagnostics and acupuncture. Currently, the injured worker complains of pain in his cervical, thoracic and lumbar spines, left shoulder with radiation to his left hand and neck, left elbow, and left wrist/hand with numbness and tingling to the fingers. Exam of his cervical spine noted spasm and tenderness to the bilateral paraspinals from C2-C6, bilateral suboccipital muscles, and bilateral upper shoulders. Bilateral triceps reflexes were decreased. Exam of the thoracic spine noted trigger point to the bilateral paraspinals, from T2-T8. Exam of the lumbar spine noted tenderness and 1+ spasm to the bilateral paraspinals from L1-L5 and multifidus. Exam of the left shoulder noted tenderness and 3+ spasms to the rotator cuff muscles and upper shoulder muscles. Positive testing included Codman's, Speed's, and supraspinatus. Exam of the left elbow noted tenderness and 3+ spasms to the lateral epicondyle. On exam of the hands and wrists, bracelet test was positive on the left, and Phalen's test was positive bilaterally. Cervical magnetic resonance imaging report was pending. Medications included topical pain compounds and Tylenol #3. The treatment plan included a work hardening screening, further diagnostic

testing, and epidural injections to the lumbar spine. He was declared temporarily totally disabled until 3/19/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning Page(s): 125.

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

Decision rationale: Work hardening is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. The guidelines state that there should be a defined return to work goal agreed to by the employer & employee. The request as written does not indicate a duration of work hardening. For these reasons the request for work hardening is not recommended.