

<b>Case Number:</b>	CM13-0041272		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	08/27/2010
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 51-year-old patient who sustained an injury on 08/27/10 when the patient slipped on the carpet according to [REDACTED] dated 08/27/10. A progress report dated 09/24/13 by [REDACTED] documented that motion was relatively good during the office visit with good strength and persistent pain. The patient stated that acupuncture was giving some short-term relief but no long-term relief. The patient's job required lifting of up to 40 pounds from floor level to waist but no shoulder level or above. The treating provider felt that the patient was a good candidate for a work conditioning program three times a week for four weeks to see if the patient could return to usual employment. The patient was quite depressed and felt that it would be appropriate to be evaluated by a psychiatrist and to undergo treatment that may be recommended. It was noted that Amrix did not work and the patient felt that Valium worked the best of all the muscle relaxants including Flexeril. The dose and scheduled use of the medications were not documented in the medical reports submitted with this request. The patient was prescribed with Valium 5 mg BID. An emergency department report dated 09/03/13 by [REDACTED] documented that the patient complained of right shoulder pain rated at 9/10. The patient's condition was exacerbated by movement. It was noted that the patient had surgery twice with complaints of right shoulder pain. Past medical history was significant for gastrointestinal disease, bowel obstruction, and cervical malignancy treated with radiation and surgery in 2009. Surgical history was significant for open cholecystectomy in 2009; caesarean section; right shoulder rotator cuff surgery on 11/30/10; and bowel resection in 2009. The patient was noted to be a non-smoker. On physical examination respiratory and chest findings were normal. There were no abrasions, deformity, ecchymosis, swelling, hematoma, erythema, warmth, or muscle atrophy in the right shoulder. There was tenderness to palpation in the right trapezius with full range of motion. Strength and sensation were equal and intact in the

bilateral upper extremities. Active range of motion was normal. A progress report dated 08/13/13 by [REDACTED] documented that the patient had 6 acupuncture sessions to date. The patient stated that there was relief of the shoulder discomfort but it was not long-lasting. It was noted that motion was good with good strength. A progress report dated 07/09/13 by [REDACTED] documented that the patient was authorized with 16 acupuncture sessions. A progress report dated 06/25/13 by [REDACTED] documented that the patient used transcutaneous electrical nerve stimulation unit to control pain. It was noted that the patient had completed 6 acupuncture treatments and reported noticeable pain relief with treatment. A progress report dated 01/03/13 by [REDACTED] documented that the patient had physical therapy sessions where the patient had almost full motion at the time of the office visit with improving strength but still had significant pain. It was noted that the patient was just about finished with physical therapy and was to continue with an independent exercise program. A progress report dated 11/15/12 by [REDACTED] documented that the patient was authorized with 8 more physical therapy sessions and was doing better with pain. It was noted that the patient was able to abduct to approximately 145 degrees during the office visit and slightly beyond that passively. The patient was diagnosed with shoulder pain. According to the nurse case summary, the patient was also diagnosed with rotator cuff tear of the right shoulder. This is a request for the medical necessity for work conditioning 3 times 4 for the right shoulder.

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

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

**Work Conditioning 3x4 for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Medicine Guidelines, section on Work Conditioning.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** According to the medical records provided for review, the patient is currently receiving acupuncture therapy, and had had physical therapy in the past. There is no submitted documentation about the patient's motivation to return to work. There is also no documentation about the functional gains obtained from prior physical therapy and no medical reason was provided for this request. The MTUS Chronic Pain Guidelines stipulate that work hardening is recommended for patients "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." Also the MTUS Chronic Pain Guidelines state that the worker must be no more than 2 years past date of injury. In this case, the date of injury was 08/27/10, which is over three years from the date of injury. The MTUS Chronic Pain Guidelines further state that workers that have not returned to work by two years post injury may not benefit from work conditioning programs. Therefore the request for therapy work conditioning 3 times 4 is not medically necessary and appropriate.