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| <b>Case Number:</b>   | CM13-0066864 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 08/02/2011 |
| <b>Decision Date:</b> | 04/21/2014   | <b>UR Denial Date:</b>       | 11/27/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/17/2013 |

### 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. The expert reviewer is Board Certified in Internal Medicine, Pulmonary Diseases, 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 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/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 patient is a 56-year-old male who reported an injury on 08/02/2011. The mechanism of injury was noted to be the patient was throwing trash out in a construction bin and as the patient swung the trash into the bin he felt several pops in his left shoulder and neck along with pain. The patient participated in physical therapy and had left shoulder surgery in 05/2012. The examination of 11/06/2013 revealed the patient had chiropractic care, but remained symptomatic. The patient had continued problems of the cervical spine including limited range of motion, pain with less frequent range of motion, and numbness and tingling to the left upper extremity with less visible problems in the shoulder as he improved following shoulder surgery. The patient had grade 4+/5 rotator cuff/deltoid/biceps strength. The patient's range of motion was greater without obvious adhesive capsulitis. The diagnoses included status post left shoulder arthroscopy with arthroscopic cervical decompression and open rotator cuff repair on 05/23/2012, cervical spine strain with degenerative joint disease, left cervical radiculopathy, and degenerative joint/degenerative disease of the cervical spine with central disc protrusions. The request was for a trial of work conditioning twice a week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work hardening (12 work conditioning visits for the cervical spine and left shoulder):**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening, Work Conditioning.

**Decision rationale:** California MTUS Guidelines indicate that work conditioning is for 10 visits over 8 weeks. The physician indicated the request was for work conditioning. As such, the work conditioning guidelines were utilized. The request as submitted indicated both work hardening and work conditioning were being requested. Work hardening has more guidelines. Given the lack of clarity, the request for work hardening (12 work conditioning visits for the cervical spine and left shoulder) is not medically necessary.