

<b>Case Number:</b>	CM13-0072209		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	11/08/2012
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Occupational Medicine 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 38-year-old male who has submitted a claim for shoulder region disorder associated with an industrial injury date of November 8, 2012. The patient complains of right shoulder, elbow and wrist pain rated 5/10 without notable improvement of symptoms. The shoulder pain is in the superior and anterior rotator cuff; elbow pain at the lateral epicondyle; and wrist pain over the volar and dorsal radial side. Physical examination of the right shoulder showed tenderness, limitation of motion on flexion and abduction, and positive Impingement and Neer's tests. Examination of the right elbow showed tenderness over the lateral epicondyle and slight limitation of motion in wrist flexion. The diagnoses were right shoulder impingement, right elbow lateral epicondylitis, and a volar ganglion cyst. The patient is unable to return to his previous job in an unrestricted capacity; hence, the request for a work conditioning program. Treatment to date has included oral analgesics, physical therapy, activity modifications and right shoulder injection. Utilization review from December 5, 2013 denied the request for work conditioning 1x1 right shoulder because the claimant's job title, job description and functional limitations have not been clearly described. It was also not clearly stated why the patient cannot or has not returned to regular duty work at this point in time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**WORK CONDITIONING 1X10 RIGHT SHOULDER:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 125.

**Decision rationale:** The California MTUS Guideline recommends work conditioning 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; after treatment with an adequate trial of physical therapy with improvement followed by plateau; not a candidate where other treatments would be warranted; required testing to determine likelihood of success in the program; and a defined return to work goal. In this case, a work conditioning program was requested because the patient is unable to return to his previous job in an unrestricted capacity. However, there was no discussion regarding functional limitations, response to physical therapy, job description and demands, and a defined return to work goal. There was also no documentation of a screening process done including tests that would determine the likelihood of success in the program. The request is not medically necessary.