

<b>Case Number:</b>	CM14-0008761		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	12/11/2012
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Physical Medicine & Rehabilitation 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:

This is a patient with a date of injury of 12/11/12. A utilization review determination dated 1/14/14 recommends non-certification of work conditioning. A 1/22/14 medical report identifies tenderness of the cervical spine with limited ROM, bilateral periscapular and trapezius tenderness, right shoulder tenderness mildly positive impingement sign, thoracic spine tenderness, right wrist tenderness, patchy, decreased sensation in the bilateral upper extremities, lumbar tenderness, limited ROM, increased pain with lumbar extension, right knee joint line tenderness medial and lateral, mild patellofemoral irritability, and patchy decreased sensation in the bilateral lower extremities, most notably in the right L5 distribution. The recommendation was to continue with work conditioning as therapy has been beneficial for the patient and has decreased the pain level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**WORK CONDITIONING TWO (2) TIMES A WEEK FOR EIGHT (8) WEEKS FOR THE CERVICAL SPINE AND BILATERAL SHOULDERS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, WORK CONDITIONING, WORK HARDENING,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 125-126.

**Decision rationale:** The MTUS Chronic Pain Guidelines does not provide specific indications for work conditioning, but notes that 10 visits over 8 weeks are supported. The ODG further clarifies that work conditioning amounts to an additional series of intensive physical therapy (PT) visits required beyond a normal course of PT, primarily for exercise training/supervision. Work conditioning visits will typically be more intensive than regular PT visits, lasting 2 or 3 times as long. Within the documentation available for review, there is no clear rationale for ongoing work conditioning rather than transition to an independent home exercise program. Furthermore, the proposed number of sessions exceeds the recommendations of both the MTUS Chronic Pain Guidelines and the ODG. In light of the above issues, the current request is not medically necessary and appropriate.