

<b>Case Number:</b>	CM14-0029833		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/21/2008
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 injured worker is a 68-year-old male injured on 5/21/2008. The mechanism of injury is noted is not listed in these records reviewed. The most recent progress note, dated 2/26/2014 indicates that there are ongoing complaints of cervical spine pain, thoracic spine pain, lumbar spine pain, bilateral shoulder pain, and bilateral elbow pain. The physical examination demonstrated cervical spine: +2 spasm, tenderness to the bilateral paraspinal muscles from C-4 to C-7, bilateral suboccipital muscles, and upper shoulder muscles. There was a positive distraction test bilaterally. There was also a positive shoulder depression test bilaterally. The thoracic had +3 spasm and tenderness to palpation to the bilateral thoracic paraspinal muscles from T-6 to T-10. The lumbar had +3 spasm, tenderness to palpation bilateral lumbar paraspinal muscles from L3 to S1 and multifidus. There was a positive Kemps test bilaterally, a positive straight leg test on the right, and a positive Yeomen Sign Bilateral. The right patellar reflex was decreased. The shoulders had +3 spasm and tenderness to the left upper shoulder muscles and left rotator cuff muscle. There was +2 spasm and tenderness to the right rotator cuff muscles. A positive Codman's test on the left, and positive speeds bilaterally. There was also a positive supraspinatus test bilaterally. The elbows had +3 spasm and tenderness to the bilateral epicondyles. A positive Cozens test bilaterally. No diagnostic imaging studies were available for review. The previous treatment includes physical therapy to include work hardening, inflammation topical compound, Omeprazole, and Ibuprofen. A request had been made for work hardening/conditioning for ten (10) additional visits for the left shoulder and was not certified in the pre-authorization process on 2/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEN (10) ADDITIONAL WORK HARDENING/CONDITIONING VISITS FOR THE LEFT SHOULDER: Upheld**

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

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

**Decision rationale:** The Chronic Pain Guidelines indicate that work conditioning, work hardening is recommended as an option, depending on the availability of quality programs. After reviewing the most recent medical documentation from 2/26/2014, it states this 68-year-old male has completed his work hardening program and reached a plateau in his current recovery. This request for additional visits is deemed not medically necessary.