

<b>Case Number:</b>	CM14-0032084		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	12/27/2007
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 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:

This is a 51-year-old male patient with a 12/27/07 date of injury. A 12/16/13 progress report indicates persistent right shoulder pain and low back pain radiating to the left knee, with associated weakness in the lower extremities. Physical exam demonstrates limited right shoulder range of motion, diminished sensation over her right C5, C6, C7, C8, and T1 dermatomes. There is right upper extremity motor weakness, positive for lateral straight leg raise test, decreased sensation in the lateral L4, L5 and S1 dermatomes. There is bilateral lower extremity weakness. The treatment to date has included right shoulder arthroscopy on 11/10/10, lumbar decompression, instrumentation, and fusion at L4-5 and L5-S1 and left L4-5 and L5-S1 disectomy on 8/26/11. The patient has also had home exercise, transcutaneous electrical nerve stimulation (TENS) unit, medication, activity modification. There is documentation of a previous 1/15/14 adverse determination because the body parts to be treated were not identified; lack of adequate trial of physical therapy followed by a plateau; and lack of psychologic evaluation. The patient's functional deficits were not correlated with work demands. A return to work plan was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) work hardening program between 1/9/2014 and 2/23/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work hardening.

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

**Decision rationale:** The CA MTUS criteria for work hardening program participation include: a work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level; 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; surgery or other treatments would not clearly be warranted to improve function; physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of four hours a day for three to five days a week; a defined return to work goal agreed to by the employer and employee including a documented specific job to return to with job demands that exceed abilities; ability to benefit from the program; no more than two years past date of injury; treatment is not supported for longer than one to two weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. In this case, there is no evidence of specific functional deficits that would prevent the patient to safely achieve job demands. There is no evidence that the patient would have had an appropriate trial of physical therapy; or would have plateaued with such. A specific return-to-work plan was not identified; it is unclear whether the patient has a job to return to and whether the employer and patient have agreed on a specific return to work goal. The patient is noted to be almost seven years post injury. A specific duration and frequency of the requested program was not identified. Therefore, the request for one (1) work hardening program between 1/9/2014 and 2/23/2014 is not medically necessary.