

Case Number:	CM14-0040838		
Date Assigned:	06/27/2014	Date of Injury:	12/07/2011
Decision Date:	08/21/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/07/2014

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 56-year-old patient had a date of injury on 12/7/2011. The mechanism of injury was not noted. On a progress note dated 2/26/14, the patient complains of constant moderate elbow pain radiating to the hand, numbness, and loss of sleep due to pain. He also suffers from anxiety and depression. Diagnostic impression shows cervical radiculopathy, cervical sprain/straining, thoracic sprain/strain, and lumbar radiculopathy. Treatment to date includes medication therapy, behavioral modification, surgery, physical therapy. A UR decision on 3/7/2014 denied the request for work conditioning, stating that although work conditioning can be done 3 times per week for 4 weeks, the major problem appears to be pending shoulder surgery, and there is no point in work conditioning at this time if the patient is going to have shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Conditioning.

Decision rationale: CA MTUS states that work conditioning is recommended as an option. In addition, Official Disability Guidelines (ODG) states that work conditioning amounts to an additional series of intensive physical therapy visits required beyond a normal course of physical therapy. On a progress report dated 2/11/2014, physical therapy was being requested for right shoulder post-surgical 2 times per week for 8 weeks. In the reports viewed, it is not clear why work conditioning is being requested in addition to the physical therapy. Furthermore, no clear discussion was provided describing the necessity for work conditioning, or the frequency and duration. Therefore, the request for work conditioning is not medically necessary.