

Case Number:	CM14-0056493		
Date Assigned:	07/09/2014	Date of Injury:	03/05/2013
Decision Date:	08/08/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/26/2014

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 patient is a 52 y/o male, DOI 3/5/13. Subsequent to his injury he has developed ongoing right shoulder and low back pain. On Dec. 11, 13 he underwent surgery for a right shoulder rotator cuff tear with retraction. He has had a lumbar MRI which showed degenerative changes at L4-5 without nerve root impingement. Current treatment consists of oral analgesics and a trial of acupuncture. There is no documentation of the frequency or length of prior physical therapy. There is no documentation of any specific plan with an employer for him to return to a specific job task(s).

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, Chronic Pain Treatment Guidelines Work conditioning/Work hardening, Postsurgical Treatment Guidelines.

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

Decision rationale: The MTUS Guidelines have very specific standards that need to be met prior to consideration the Work Conditioning is medically necessary. These standards include: (1) The necessity of a specific return to work goal agreed to by the employer and employee. (2)

A specific job to return to with job demands exceeding capabilities. There is no documentation that either of these standards have been met as there is no documentation of communications with the employer or a planned return to work. There are no unique circumstances that justify an exception to the MTUS recommendations. The Work Conditioning is not medically necessary.