

Case Number:	CM14-0082229		
Date Assigned:	07/21/2014	Date of Injury:	10/19/2012
Decision Date:	08/26/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/04/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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 10/19/12. A utilization review determination dated 5/29/14 recommends non-certification of work conditioning. 5/15/14 medical report identifies intermittent unspecified pain and arm numbness. Shoulder range of motion (ROM) improved with injection. On exam, right shoulder flexion is 120 and abduction is 100 limited by pain. Strength is 4/5 at shoulder abductors. A work-conditioning program was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning, 3 visits per week for 4 weeks, right shoulder and right ring finger:
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 Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter and Forearm, Wrist, and Hand Chapter, Work Conditioning, Work Hardening.

Decision rationale: In regards to the request for work conditioning, three visits per week for four weeks, right shoulder and right ring finger, the California MTUS and Official Disability

Guidelines (ODG) support up to 10 sessions of work conditioning. Work conditioning amounts to an additional series of intensive physical therapy visits required beyond a normal course of physical therapy, primarily for exercise training/supervision. Within the documentation available for review, there is some weakness noted to be 4/5, but there is no clear indication as to why this would require a formal work-conditioning program for strengthening rather than adherence to an independent home exercise program. Furthermore, the 12 requested sessions exceed the number of sessions supported by the CA MTUS and ODG and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested work conditioning, 3 visits per week for 4 weeks, right shoulder and right ring finger is not medically necessary.