

<b>Case Number:</b>	CM14-0165336		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	11/24/2013
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 (IW) is a 20-year-old woman with a date of injury of November 24, 2013. The mechanism of injury was a slip and fall down stairs. The injured worker's working diagnoses are cervical strain; left shoulder strain; left shoulder tenosynovitis; thoracic strain; and lumbar strain. Pursuant to the progress reports dated January 29, 2014, the IW complains of neck pain, left shoulder pain, upper back pain, and lower back pain. On physical examination of the cervical spine, the IW has full range of motion (ROM) without pain. Spurling's and axial loading were negative. There was no tenderness to palpation. Examination of the thoracic spine documented normal ROM in all planes. Examination of the left shoulder reveals decreased ROM and tenderness to palpation located at the anterior and lateral areas. Sensory function was normal. Medications include Naproxen, and Flexeril. Pursuant to the handwritten, largely illegible progress report dated August 6, 2014; the subjective section of the note is completely illegible. The objective section of the note is completely illegible. The treatment plan includes continue with the previous (illegible). No authorization provided for the recommended specialist evaluation for (illegible) pain management or MRI shoulder. The remainder of the documentation is illegible. The treating physician reports the IW is to continue work with modified duties. The documentation indicates that the IW was prescribed physical therapy in March of 2014. The documentation does not contain evidence of objective functional improvement associated with physical therapy. Additionally, the IW missed half of the physical therapy sessions according to the medical record. The medical record did not contain documentation of a specific job description and/or position (upon return to full-duty work)

available to the IW that would substantiate the need for this evaluation. The current request is for work conditioning.

### **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 Chronic Pain Treatment Guidelines Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Work Conditioning

**Decision rationale:** Pursuant to the Official Disability Guidelines, work conditioning is not medically necessary. Work conditioning is recommended as an option for treatment of chronic pain syndromes, depending upon the availability of quality programs. The criteria for admission are enumerated in the Official Disability Guidelines. They include, but are not limited to, a diagnostic interview with a mental health provider; a work-related musculoskeletal deficits has been identified with the addition of evidence of physical, functional, behavioral and/or vocational deficits that preclude ability to safely achieve current job demands; evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau; the injured worker is not a candidate from surgery, injections or other treatments would be clearly warranted to improve function; a specific defined return to work goal or job has been established, communicated and documented; the claimant's medication regimen would not prevent or prohibit them from returning to work; program documentation should be documented and available to the employer, insurer and other providers to me: supervision is recommended under a physician, chiropractor, occupational or physical therapist; and treatment is not supported for longer than 1 to 2 weeks without evidence of patient compliance and demonstrated significant gains with subjective and objective improvement; etc. In this case, the injured worker's working diagnoses are cervical strain; left shoulder strain; left shoulder tenosynovitis; thoracic strain; and lumbar strain. The documentation does not contain evidence of objective functional improvement associated with physical therapy. Additionally, the injured worker missed half of the physical therapy sessions according to the medical record. The injured worker had multiple jobs. Patient worked for [REDACTED]; [REDACTED]; and [REDACTED] as a staff assistant. The medical record did not contain documentation of a specific job description and/or position (upon return to work) available to the patient that would substantiate the need for this evaluation. The injured worker was at modified duty at [REDACTED]. The guidelines for work conditioning programs include a specific job or job description that needs to be further addressed regarding deficits of function to enable the injured worker to return to the prior position or available position. There was no documentation indicating these requirements or job position available to the injured worker. Consequently, absent clinical documentation regarding specific job or job description and functional deficits to enable the injured worker to return to the prior position and an adequate trial of physical therapy (injured worker missed approximately half physical therapy sessions), work conditioning is not medically necessary.

