

<b>Case Number:</b>	CM14-0040000		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	11/14/2012
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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. 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  
Certification(s)/Specialty: Emergency 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 is a 51 year old female, who sustained an industrial injury on 11/14/2012. She has reported subsequent neck, back, left shoulder, elbow and knee pain and was diagnosed with cervical discopathy, lumbar discopathy, carpal tunnel syndrome and status post diagnostic and operative arthroscopy of the knee and left shoulder. Treatment to date has included oral pain medication, application of ice, home exercise and physical therapy. In a progress note dated 03/10/2014, the injured worker was noted to have had deficits in strength and some residual pain but was noted to have made slow and steady progress with physical therapy. Objective physical findings were notable for positive patellofemoral crepitation of the left knee and 4/5 manual muscle testing and manual muscle testing of 4/5 in the left shoulder. The physician noted that work conditioning physical therapy sessions were being requested due to continued functional deficits in the left knee and shoulder. On 03/21/2014 Utilization Review non-certified a request for work conditioning x 12 for the left shoulder and left knee, noting that the evidence was inconclusive, so efforts at work conditioning may be more cost-effective if their focus is the prevention of recurrences rather than primary prevention. MTUS, ACOEM and ODG guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work conditioning x12 for the left shoulder and left knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM and Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning and WorkHardening, Pages 125-126 Page(s): Pages 125-126.

**Decision rationale:** CA MTUS Chronic Pain Treatment Guidelines, Work Conditioning and Work Hardening, Pages 125-126; recommend work hardening only with satisfaction of multiple criteria, including: a specific return to work goal, specific job demands, documented on-the-job training, evaluation of possible psychological limitations, be less than two years post-injury, treatment not to be longer than one to two weeks without evidence of patient compliance and demonstrated significant gains. The treating physician has documented deficits in strength and some residual pain but was noted to have made slow and steady progress with physical therapy. Objective physical findings were notable for positive patellofemoral crepitation of the left knee and 4/5 manual muscle testing and manual muscle testing of 4/5 in the left shoulder. The treating physician has not documented a specific return to work goal, specific job demands, documented on-the-job training, nor evaluation of possible psychological limitations. The criteria noted above not having been met, Work conditioning x12 for the left shoulder and left knee is not medically necessary.