

<b>Case Number:</b>	CM15-0106231		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	11/12/2013
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: Physical Medicine & Rehabilitation

### 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 52 year old male, who sustained an industrial injury on November 12, 2013. The injured worker reported right shoulder and neck pain of unknown origin. The injured worker was diagnosed as having cervical fusion, cervical degenerative disc disease (DDD), spina bifida and shoulder impingement. Treatment to date has included surgery, physical therapy, medication. A medical exam note dated March 21, 2015 provides the injured worker complains of neck and right shoulder pain rated 9/10 with 10/10 at the worst and 3/10 at best. Physical exam notes cervical and shoulder tenderness. There was a previous request for work conditioning. A primary treating physician note dated March 25, 2015 provides that physical therapy feels work conditioning would be beneficial. There is a request 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 for neck and right shoulder qty: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening, pages 125-126.

**Decision rationale:** Guidelines do not support the use of Work conditioning when ongoing treatment is occurring and the provider has continued treatment plan for therapy. Additionally, work conditioning is generally not a consideration when the duty status remains unchanged without evidence of functional improvement from treatment rendered. Submitted reports have not adequately demonstrated maximal efforts with functional limitations precluding the patient from current job demands, documented plateau status from trial of physical or occupation therapy, unlikely to improve with continued therapy; nor identify patient to be a non-surgical candidate with sufficient medical and physical recovery to allow for progressive reactivation and participation in the work conditioning program. Work conditioning in the true sense is focused exercises by the patient, utilized in the presence of musculoskeletal dysfunction when the problem is non-surgical and there has been no response to the standard amount of physical therapy. Modified work should have been attempted and there should be a clear understanding of the specific goal that cannot be performed independently. Criteria for program admission also require prior mutual agreement between the employee and employer of a defined return to work goal; specific job to return to with documented on-the-job training available not been demonstrated here. The treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. Upon completion of the rehabilitation program, neither re-enrollment in or repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. The individual in most cases can perform work conditioning after initial instruction by a Physical Therapist. Criteria for work conditioning have not been met or established in this case. The Work conditioning for neck and right shoulder qty: 12 is not medically necessary and appropriate.