

Case Number:	CM15-0183251		
Date Assigned:	09/24/2015	Date of Injury:	06/22/2009
Decision Date:	11/12/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/17/2015

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: Pennsylvania, Ohio, 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 50 year old male who sustained an industrial injury on 6-22-2009. A review of medical records indicates the injured worker is being treated for lumbar disc degeneration, chronic pain other, lumbar radiculopathy, status post fusion, lumbar spine, right ankle pain, right foot pain, left shoulder pain, and status post left shoulder surgery. Medical records dated 9-1-2015 noted neck pain, low back pain, upper extremity pain, lower extremity pain. Pain was rated a 10 out 10 with medications since last visit. The pain was reported as worse since last visit. The injured worker reports ongoing activity of daily living limitations in the following areas due to pain: self-care and hygiene, activity, ambulation, hand function, sleep, and sex. Physical examination noted there was spasm noted L3-S1 in the bilateral paraspinous musculature. Tenderness was noted upon palpation in the spinal vertebral area L4-S1 levels. Range of motion of the lumbar spine was limited secondary to pain. Evaluations included MRI of the lumbar spine dated 3-26-2011. Treatment has included medications, surgery, physical therapy, and injection. Utilization review form dated 9-2-2015 noncertified work hardening 2 x a week for 6 weeks, left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening Two times a week for six weeks, Left Shoulder, QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines - Work Conditioning; Shoulder, Work conditioning/work hardening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

Decision rationale: MTUS discusses functional capacity evaluations (FCEs) in the context of work conditioning/work hardening. An FCE is recommended after a patient has plateaued in traditional physical therapy if there is concern about a patient's ability to perform a particularly type of work and prior to consideration of work hardening or work conditioning. In this case the records do not clearly document a job description and concerns about the ability to perform a particular job and thus do not provide a clear rationale for an FCE or for subsequent work hardening or work conditioning. The records do not provide an alternate rationale to support clinical reasoning for this request. This request is not medically necessary.