

Case Number:	CM15-0026382		
Date Assigned:	02/18/2015	Date of Injury:	11/12/2013
Decision Date:	03/30/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/11/2015

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 51 year old male, who sustained an industrial injury on 11/12/13. He has reported pain in the right shoulder and right upper extremity. The diagnoses have included degenerative disc disease and osteoarthritis. Treatment to date has included cortisone injections to the right shoulder, physical therapy and oral medications. As of the PR2 dated 2/5/15, the treating physician reports right shoulder supraspinatus tear of the right shoulder. The treating physician requested work conditioning for the neck and shoulder x 10 sessions, if this treatment aggravates the pain then surgery will be requested. On 2/9/15 Utilization Review modified a request for work conditioning for the neck and shoulder x 10 session to work conditioning for the neck and shoulder x 1 session. The utilization review physician cited the MTUS guidelines for chronic pain medical treatment. On 2/11/15, the injured worker submitted an application for IMR for review of work conditioning for the neck and shoulder x 10 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning for the neck and shoulder QTY: 10.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125, 126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines - Work Conditioning

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 worker must demonstrate 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 the neck and shoulder QTY: 10.00 is not medically necessary and appropriate.