

<b>Case Number:</b>	CM14-0219325		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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: Arizona, Texas  
 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 is a 52 year old male, who sustained an industrial injury on 7/18/2013. He has reported pain at the base of the right side of the neck, right shoulder and low back pain. The diagnoses have included cervical radiculopathy, cervicgia, sprain sacroiliac and headaches. Treatment to date has included medications, physical therapy and right shoulder arthroscopy. Currently, the IW complains of pain in the right shoulder with weakness. The treating provider requested the work hardening program in an effort to have the injured worker return to work without restrictions. On 12/24/2014 Utilization Review non-certified a work hardening program, noting the MTUS Chronic Pain Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work hardening program for right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Work conditioning, work hardening Page(s): 125.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.27 Page(s): 125.

**Decision rationale:** Work Conditioning, work hardening pg 125 According to the MTUS criteria for admission to a work hardening program includes: 1. Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level. An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis. 2. After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning. 3. Not a candidate where surgery or other treatments would clearly be warranted to improve function. 4. Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week. 5. A defined return to work goal agreed to by the employer and employee. 6. The worker must be able to benefit from the program. 7. The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit. In this case the documentation doesn't support that the patient has plateaued with therapy or that they have had a FCE. The medical necessity has not been supported by the documentation.