

<b>Case Number:</b>	CM15-0123017		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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, Pain Management

### 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 57 year old male who sustained an industrial injury on 01/18/13. Initial complaints and diagnoses are not available. Treatments to date include medications and physical therapy. Diagnostic studies are not addressed. Current complaints include chronic left shoulder pain with snapping. Current diagnoses include cervical spine sprain/strain, left shoulder tendonitis, and impingement syndrome left shoulder. In a progress note dated 05/29/15, the treating provider reports the plan of care as additional physical therapy to the left shoulder and cervical spine. The requested treatment includes work hardening to the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work conditioning to left shoulder; two times a week for four weeks (2x4): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning Page(s): 125-6.

**Decision rationale:** Regarding the request for Work conditioning, Chronic Pain Medical Treatment Guidelines state that work conditioning may be an option when functional limitations preclude the ability to safely achieve current job demands, which are in the medium or higher demand level (not sedentary work). A functional capacity evaluation may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis. After treatment with an adequate trial of physical therapy or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical, occupational therapy, or general conditioning. Additionally, the patient must have achieved sufficient recovery to allow for a minimum of 4 hours a day 3 to 5 days per week as well as having a defined return to work goal agreed to by the employer and employee. Guidelines support up to 10 work-conditioning sessions. Within the documentation available for review, there is no indication that the patient has reached maximum improvement with physical therapy and plateaued despite ongoing home exercise. Additionally, it is unclear that the patient's job demands are in a medium/higher demand level, and that the patient is unable to perform those duties. In the absence of clarity regarding those issues, the currently requested work conditioning is not medically necessary.