

Case Number:	CM13-0012779		
Date Assigned:	12/27/2013	Date of Injury:	05/20/2010
Decision Date:	02/19/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52-year-old male who reported an injury on 05/20/2010. The mechanism of injury was not provided within the medical records. The patient's course of treatment includes physical therapy and activity modification as well as medications. He has also received prior trigger point injections with some benefit. The patient is known to have had an arthrogram of the right shoulder on 01/23/2012 that reported a small partial bursal-sided tear of the supraspinatus, superior labral tear, and moderate AC joint degenerative changes. He was known to have undergone a right rotator cuff debridement and biceps tenodesis in 2012, as well as extensive debridement of the labrum with subacromial decompression. The patient continued to have ongoing complaints of right shoulder pain and received additional imaging studies to include an MRI with contrast and x-rays; the MRI results were not discussed or provided and the x-rays of the right shoulder were normal. The patient's current diagnoses include right shoulder strain/sprain and biceps tendonitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for work hardening program consult & evaluation for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125,126.

Decision rationale: The California MTUS/ACOEM Guidelines recommend work hardening as an option for patients with delayed recovery. Criteria for admission to a work hardening program include work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, an adequate trial of physical or occupational therapy that was followed by a plateau and not likely to benefit from continued therapy or general conditioning, not a candidate where surgery or other treatments would be warranted, the patient should be able to participate in a minimum of 4 hours a day for 3 to 5 days a week, a defined return to work goal agreed to by the employer and employee documenting specific job duties and demands or documented on-the-job training to be anticipated, the worker must be no more than 2 years past the date of injury, and the worker must be able to benefit from the program. Although the patient continues to complain of right shoulder discomfort and other symptoms, the most recent physical examination revealed that he had normal grip strength, normal neurological examination, normal reflexes, and decreased range of motion with shoulder extension only. Unfortunately, there were no quantitative details regarding the extent of his range of motion deficit. Also, the patient reported injury on 05/20/2010; this is greater than the 2 year maximum recommended by guidelines. The patient is also noted to have returned to work with modified duties and is only restricted to a 25 pound lifting limit, repetitive pushing, pulling, and overhead work with the right upper extremity. The patient is also noted to have received some benefit from trigger point injections and was noted to be referred for a suprascapular nerve block; however, it is unclear if this was ever performed. There was also no functional capacity examination provided that compared the patient's physical abilities to current job demands and no employer/employee letter of agreement. As such, the guideline requirements have not been met and the request for a work hardening program consult and evaluation for the right shoulder is non-certified.

Request for work hardening program for the right shoulder x 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125-126.

Decision rationale: The California MTUS/ACOEM Guidelines recommend work hardening as an option for patients with delayed recovery. Criteria for admission to a work hardening program include work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, an adequate trial of physical or occupational therapy that was followed by a plateau and not likely to benefit from continued therapy or general conditioning, not a candidate where surgery or other treatments would be warranted, the patient must be physically able to participate in a minimum of 4 hours a day for 3 to 5 days a week, a defined return to work goal agreed to by the employer and employee documenting specific job duties and demands or documented on-the-job training to be anticipated, the worker must be no more than 2 years past the date of injury, and the worker must be able to benefit from the

program. Although the patient continues to complain of right shoulder discomfort and other symptoms, the most recent physical examination revealed that he had normal grip strength, normal neurological examination, and normal reflexes and decreased range of motion with shoulder extension only. Unfortunately, there were no quantitative details regarding the extent of his range of motion deficit. Also, the patient reported injury on 05/20/2010; this is greater than the 2 year maximum recommended by guidelines. The patient is also noted to have returned to work on modified duties and is only restricted by a 25-pound lifting limit, repetitive pushing, pulling, and overhead work. The patient is also noted to have received some benefit from trigger point injections and was noted to be referred for a suprascapular nerve block; however, it is unclear if this was ever performed. There was also no functional capacity examination provided that compared the patient's physical abilities to current job demands or employer/employee agreement. As such, the guideline requirements have not been met and the request for work hardening program for the right shoulder x 8 sessions is non-certified.