

Case Number:	CM13-0019810		
Date Assigned:	06/06/2014	Date of Injury:	11/14/2012
Decision Date:	07/29/2014	UR Denial Date:	08/03/2013
Priority:	Standard	Application Received:	09/03/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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/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:

This is a female patient with a date of injury of November 14, 2012. Utilization determination dated August 1, 2013 recommends non-certification of 10 sessions of for our work hardening sessions including one baseline exam for right shoulder, right forearm, right elbow, right wrist, and right hand. A progress note dated July 22, 2013 identifies subjective complaints of persistent right shoulder pain and intermittent hand, wrist, and forearm problems principally on the right. Physical examination identifies no edema, no gross muscle or regional atrophy of the right shoulder, right elbow, right wrist, and the right hand. Range of motion of the right shoulder is 180 with flexion, 50 with extension, 180 with abduction, and 90 with internal and external rotation. Range of motion of the right elbow is at 135 with flexion, 0 with extension, and 90 with pronation and supination. Range of motion of the right wrist is at 60 with flexion, 50 with extension, 45 with ulnar deviation, and 20 with radial deviation. There are no restrictions of the right MCP/PIP/DIP. Palpation of the right shoulder reveals no tenderness over the sterno clavicular joint and acromioclavicular joint, there is tenderness over the bicipital tendon, subacromial space, deltoids, and periscapular muscles. The right elbow reveals no tenderness over the medial epicondyle, lateral epicondyle, and olecranon. There is tenderness over the forearm flexor and extensor musculature of the right elbow. The right wrist reveals no tenderness over the radial styloid/anatomical snuff box, radial - ulnar joints, and there is tenderness over the carpal bones. The right MCP/PIP/DIP reveals no tenderness. The motor, sensory, and reflex exam of the right upper extremity was within normal limits. There was a positive Hawkins test, Neers test, and Yerganson's test of the right shoulder. The diagnoses include right shoulder pain, subdeltoid and subacromial bursitis, and rotator cuff tendinitis the treatment plan recommends a cortisone injection which the patient is hesitant to proceed with, a functional capacity evaluation a work hardening program, and a possible mental health evaluation. An MRI of the right

shoulder dated April 27, 2013 identifies moderate diffuse subdeltoid and subacromial fluid suspicious for bursitis, prominent lateral acromial downslope being of 30 with full coverage of the humeral head and borderline narrowing of the subacromial space suspicious for chronic impingement, focal distal supraspinatus tendinopathy, and no rotator cuff tear is identified. An EMG/NCV study dated March 11, 2013 revealed a normal study.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 sessions of 4 hour work hardening sessions including 1 baseline exam for right shoulder, right forearm, right elbow, right wrist and right hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-6 of 127.

Decision rationale: Regarding the request for 10 sessions of 4 hour work hardening sessions including 1 baseline exam for right shoulder, forearm, elbow, wrist, and hand, California MTUS cites various criteria for work hardening, including: Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA); 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; Not a candidate where surgery or other treatments would clearly be warranted to improve function; 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; A defined return to work goal agreed to by the employer & employee (A documented specific job to return to with job demands that exceed abilities, OR Documented on-the-job training); The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program, and 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. Within the documentation available for review, there is no documentation of expected return to work goal, there has been no functional capacity evaluation, it is unclear if the patient is a candidate for surgery, and there is clear documentation that the patient is a candidate for a cortisone injection. In light of such documentation, the currently requested 10 sessions of 4 hour work hardening sessions including 1 baseline exam for right shoulder, forearm, elbow, wrist, and hand is not medically necessary.