

Case Number:	CM13-0036504		
Date Assigned:	12/13/2013	Date of Injury:	12/20/2012
Decision Date:	02/07/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/21/2013

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 Family Practice and is licensed to practice in Texas. 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. 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 46-year-old male who reported an injury on 12/20/2012, after he attempted to catch a falling jackhammer, causing injury to his left shoulder and low back. This ultimately resulted in left shoulder arthroscopy with labral tear and rotator cuff repair, and a left elbow extensor tendon repair. The patient's postoperative treatment included physical therapy, and epidural steroid injections. The patient underwent a postsurgical MRI in 09/2013 that revealed a new SLAP lesion. The patient's most recent clinical evaluation revealed that the patient had 10/10 pain that was nonresponsive to medications. Physical findings included a slowed gait with decreased range of motion in the back secondary to pain. The patient's diagnoses included low back pain. The patient's treatment plan included a change in medications, a Toradol injection; and in attempt to get the patient's pain under control, a referral to a neurosurgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening, left shoulder and elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested work hardening program for the left shoulder and elbow are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends work hardening programs when the patient is unable to meet the physical demand levels that are required by an employer, have reached a plateau after an adequate trial of physical and occupational therapy, is not a candidate for surgery, and have been screened to determine the likelihood of success in a program to benefit both functional and psychological limitations. The clinical documentation submitted for review does not provide any evidence that the patient has undergone a Functional Capacity Evaluation or any other functional or psychological assessment. Additionally, there is no documentation that the patient is no longer a surgical candidate and has exhausted all lesser treatments. Therefore, a work hardening program would not be indicated. As such, the requested work hardening program for the left shoulder and elbow are not medically necessary or appropriate.