

Case Number:	CM13-0038077		
Date Assigned:	06/23/2014	Date of Injury:	02/13/2013
Decision Date:	07/30/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/24/2013

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 Family Medicine and is licensed to practice in New Jersey. 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:

The worker is a 30 year old male who was injured on 2/13/13 involving his left shoulder. He was diagnosed with rotator cuff syndrome and treated with conservative treatments including physical therapy. After completing 24 sessions of physical therapy and not being able to completely reach his goals to return to work (although getting some benefit from the therapy), it was requested that he start work conditioning. He completed 6 out of 10 approved work conditioning sessions by 9/27/13 with successful improvement in strength in his shoulder and lifting ability to 20 pounds (has a 70 lbs lifting goal). He was recommended to return to work with restrictions. A request was then made to complete extra work conditioning sessions beyond the approved 10 sessions of work conditioning before the worker had completed them.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning, 5 additional visits 3 times weekly, 2.5 hour sessions for the left shoulder.: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state that work conditioning is recommended as an option. To qualify, the MTUS Chronic Pain Guidelines gives specific criteria for admission to a work hardening program: 1. Functional limitations precluding ability to safely achieve job demands, 2. After trial of physical therapy and unlikely to benefit from continued physical therapy, 3. Not a candidate for surgery or other treatments, 4. Recovery from the conditioning to allow a minimum of 4 hours a day for three to five days a week of active participation at work, 5. A defined return to work goal, 6. Worker must be able to benefit from the program, 7. Worker must be no more than 2 years post date of injury, 8. Work conditioning should be completed in 4-8 weeks or less, 9. Treatment is not supported for longer than 1-2 weeks without evidence of compliance and benefit, 10. Upon completion, there is no need to repeat the same or similar conditioning program in the future. For those who qualify, the MTUS Chronic Pain Guidelines suggest up to a total of 10 visits over 8 weeks. In the case of this worker, he had been approved for 10 sessions of work conditioning, of which he had completed 6 with progress at the time of the request for 5 more sessions. It seems premature to ask for more sessions without having completed the ones that were already approved first. Also, more than 10 sessions are not recommended by the MTUS Chronic Pain Guidelines. Therefore, the request is not medically necessary and appropriate.