

Case Number:	CM13-0041458		
Date Assigned:	12/20/2013	Date of Injury:	10/25/2011
Decision Date:	06/20/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/14/2013

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 and is licensed to practice in Minnesota and 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:

The injured worker is a 56-year-old female who reported an injury on 10/25/2011. The mechanism of injury was not stated. Current diagnoses include status post left rotator cuff repair, left adhesive capsulitis, and cervical herniated nucleus pulposus. The injured worker was evaluated on 12/18/2013. The injured worker reported constant pain in the cervical spine and left shoulder. Physical examination of the cervical spine revealed left radicular pain, positive trapezius pain, and positive Spurling's maneuver. Treatment recommendations included physical therapy for the left shoulder and cervical spine twice per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK HARDENING 2X6 FOR CERVICAL SPINE AND LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Work Hardening, Work Conditioning, Page 125.

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

Decision rationale: The California MTUS Guidelines state work hardening is recommended as an option, depending on the availability of quality programs. A Functional Capacity Evaluation may be required, showing consistent results with maximal effort. There should be

documentation of an adequate trial of physical or occupational therapy with improvement followed by a plateau. There should also be evidence of a defined return to work goal. The injured worker must be no more than 2 years past the date of injury. Treatment is not supported for longer than 1 week to 2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. As per the documentation submitted, the injured worker does not meet criteria as outlined by the California MTUS Guidelines. There is no documentation of a specific defined return to work goal. There is no evidence of an adequate trial of physical therapy followed by a plateau. There is no documentation of a Functional Capacity Evaluation. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.