

<b>Case Number:</b>	CM13-0044972		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/29/2010
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 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 51 year old female who reported an injury on 07/29/2010, due to cumulative trauma reportedly causing injury to her bilateral shoulders. The patient ultimately underwent surgical intervention in 2012, followed by manipulation under anesthesia in 2013. The patient also participated in postsurgical physical therapy. The patient's most recent clinical findings included painful range of motion of the bilateral shoulders with tenderness to palpation over the anterior and posterior aspects of the left shoulder. It was noted that the patient had previously participated in 36 postoperative physical therapy visits with an 85% decrease in pain and soreness, and a 60% restoration of function. It was noted that the patient had not reached a plateau and still had significant strength deficits that required continued treatment. The patient's diagnoses included left shoulder impingement, left lateral epicondylitis, and left ulnar neuritis. The patient's treatment plan included a work hardening program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work hardening x 8, left shoulder:** Upheld

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

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

**Decision rationale:** The requested work hardening program is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends a work hardening program for patients who have plateaued in physical or occupational therapy or general conditioning. Clinical documentation clearly identifies that the patient has not plateaued with physical activity. Additionally, a work hardening program must be supported by an employee and employer work goal agreement and screening for functional limitations and psychological limitations that would benefit from a work hardening program. The clinical documentation submitted for review does not provide a psychological screening or a Functional Capacity Evaluation to support the need for a work hardening program. As such, the requested work hardening program x8 for the left shoulder is not medically necessary or appropriate.