

<b>Case Number:</b>	CM13-0046501		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/03/2011
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Physical Medicine and Rehabilitation, 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.

### 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 45-year-old who reported an injury on 03/03/2011. The patient's diagnoses include bilateral shoulder tendonitis, bilateral carpal tunnel syndrome, and bilateral elbow tendonitis. The most recent physical examination submitted for this review is documented on 03/07/2013 by [REDACTED]. The patient presented for bilateral shoulder pain. Physical examination revealed positive Speed's and reverse O'Brien's testing, 4/5 strength, positive cross arm impingement testing, full range of motion, and negative Spurling's maneuver. It is noted that the patient has tried physical therapy in the past as well as injections. Treatment recommendations at that time included an arthroscopic evaluation of the labrum and SLAP (superior labrum anterior to posterior) repair, with evaluation of the rotator cuff and biceps tendon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work hardening sessions, 12 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment 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, demonstrating capabilities below an employer verified physical demands analysis. As per the documentation submitted, there is no evidence of a physical examination by the requesting provider on the requesting date of 10/28/2013. Therefore, it is unknown whether this patient meets criteria for a work hardening program, as there is no evidence of an updated comprehensive physical examination. There is also no evidence in the documentation submitted of a Functional Capacity Evaluation, an adequate trial of physical and/or occupational therapy with improvement followed by a plateau, or a documented specific return to work job plan. The request for work hardening sessions, 12 visits, is not medically necessary or appropriate.