

Case Number:	CM13-0048277		
Date Assigned:	12/27/2013	Date of Injury:	12/07/2011
Decision Date:	04/25/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/05/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 patient is a 37-year-old female who reported an injury on 12/07/2011. The mechanism of injury was not stated. The patient is diagnosed as status post left shoulder arthroscopy with debridement of labrum and subacromial decompression. The patient was seen by [REDACTED] on 09/17/2013. The patient reported 2/10 pain. The patient completed a course of physical therapy and transitioned into a home exercise program. The patient requested to return to work full duty. Physical examination on that date revealed excellent range of motion. Treatment recommendations included 4 or more sessions of work hardening.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK HARDENING 2 X WK X 4 WKS LEFT SHOULDER: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state work conditioning and work hardening is recommended as an option. There should be documentation of an adequate trial of physical therapy with improvement followed by a plateau. There should be evidence of a defined

return to work goal agreed to by the employer and the employee. As per the documentation submitted, there is no documentation of a Functional Capacity Evaluation. There is also no documentation of a course of physical therapy with improvement followed by a plateau. The patient's physical examination revealed excellent range of motion. The patient completed a postoperative physical therapy course and transitioned into a home exercise program. The patient does not appear to meet criteria for a work-hardening program. Therefore, the request is not medically necessary and appropriate.