

<b>Case Number:</b>	CM13-0058760		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	07/14/2010
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases, 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 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 53-year-old female who reported injury on 07/14/2010. The mechanism of injury was not provided. The diagnosis included shoulder tendinitis. The documentation of 10/29/2013 revealed the injured worker underwent a Work Capacity Evaluation, muscle strength and endurance testing, pain and psychosocial coping skills testing and motivational concerns. The request was made for a work hardening program for 40 hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A WORK HARDENING PROGRAM (40 HOURS, 10 VISITS): Upheld**

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

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

**Decision rationale:** California MTUS Guidelines recommend the criteria for admission into a work hardening program include the injured worker have work related musculoskeletal conditions with functional limitations precluding the ability to safely achieve current job demands which are medium demand or higher, after treatment with an adequate trial of physical or occupational therapy there should be improvement followed by plateau. There should be

documentation the injured worker is not likely to benefit from continued physical or occupational therapy. There should be documentation the injured worker is not a candidate where surgery or other treatments would be warranted to improve function. There should be a defined return to work goal agreed on by the employer and employee. The worker must be no more than 2 years past date of injury. Workers that have not returned to work by 2 years post injury may not benefit. Work hardening programs should be completed in 4 weeks or less. The clinical documentation submitted for review indicated the injured worker had an FCE. There was a lack of documentation indicating the injured worker had a job requirement of medium or higher demand level, had improvement followed by plateau with physical or occupational therapy and that they were not a candidate for surgery. There was a lack of documentation indicating that there was defined return to work goal. Additionally, the injury was 8 years prior to the request. Given the above, the request for a work hardening program 40 hours 10 visits is not medically necessary.