

Case Number:	CM13-0059137		
Date Assigned:	12/30/2013	Date of Injury:	02/13/2013
Decision Date:	05/06/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/29/2013

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 Orthopedic Surgery, has a subspecialty in Hand Surgery 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 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 29-year-old male who reported an injury on 12/13/2013. The mechanism of injury was cumulative trauma related to the performance of job duties. The injured worker's initial course of treatment is unclear; however, it is noted that he received a left shoulder arthroscopy on an unknown date, as well as 15 sessions of recent work conditioning. Prior to participation in a work conditioning program, the injured worker completed 24 physical therapy sessions. There was no other information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 ADDITIONAL WORK HARDENING SESSIONS FOR THE 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 California MTUS/ACOEM Guidelines recommend up to 4 consecutive weeks of work hardening, as long as there is documented evidence of objective improvement. In addition, guidelines recommend up to 10 visits of work conditioning and notes that upon

completion of 1 program, re-enrollment or repetition of the same or similar program, is not indicated. The clinical information submitted for review provided evidence that the injured worker received 15 work conditioning sessions; however, the current request is for 5 additional work hardening sessions. There was no evidence documented in the medical records submitted, of the injured worker's participation in previous work hardening. However, additional work conditioning would exceed guideline recommendations, and participation in a work hardening program would contradict guideline recommendations of no repetition of treatment. As such, the medical necessity for this request has not been established, and the request for 5 additional work hardening sessions for the left shoulder is non-certified.