

Case Number:	CM13-0059888		
Date Assigned:	07/02/2014	Date of Injury:	09/10/2008
Decision Date:	08/06/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/02/2013

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for rotator cuff syndrome associated with an industrial injury of September 10, 2008. Thus far, the applicant has been treated with analgesic medications, earlier carpal tunnel release surgery, trigger thumb release surgery, a shoulder surgery, unspecified amounts of physical therapy over the course of the claim, and apparent return to modified work. In a November 7, 2013 progress note, the applicant was described as having persistent complaints of shoulder pain. The applicant complained that her employer was not honoring a 25-pound lifting limitation. A work capacity evaluation to determine what the applicant's capabilities were was sought. On October 8, 2013, the applicant's treating provider wrote that the applicant was improving following earlier shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK HARDENING SESSIONS (10 SESSIONS - 4 HOURS EACH SESSION): Upheld

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

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

Decision rationale: As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for admission to a work hardening program include evidence of work-related musculoskeletal condition with functional limitations precluding the ability to safely achieve current job demands, which are in the medium or higher physical demand level. In this case, however, the applicant's job demands have not been clearly detailed. It did appear that the applicant had returned to some form of work, however, effectively obviating the need for work hardening. Page 125 of the MTUS Chronic Pain Medical Treatment Guidelines states that work hardening should only be considered after treatment with an adequate trial of physical or occupational therapy followed by a plateau. In this case, however, there is no evidence that the applicant had plateaued following earlier conventional physical therapy following a shoulder surgery of June 10, 2013. No clear goals for work hardening were outlined. Therefore, the request is not medically necessary.

WORK CAPACITY BASELINE EXAM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.