

Case Number:	CM13-0060791		
Date Assigned:	12/30/2013	Date of Injury:	03/23/2009
Decision Date:	04/01/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	12/02/2013

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 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 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 62-year-old male who reported an injury on 03/23/2009. The mechanism of injury involved heavy lifting. The patient is currently diagnosed with shoulder pain and rotator cuff syndrome. The patient was seen by [REDACTED] on 10/09/2013. The patient presented with complaints of pain in the right shoulder. Physical examination was not provided on that date. X-rays obtained in the office on that date indicated negative findings for fracture or gross pathology. Treatment recommendations included 4 chiropractic sessions, physical therapy, a Functional Capacity Evaluation, and electrodiagnostic studies. A Request for Authorization was also submitted on that date by [REDACTED] for 4 sessions of work conditioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening/Conditioning, Initial 2 Hours: 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): 125-126.

Decision rationale: California MTUS Guidelines state work conditioning and work hardening are recommended as an option depending on the availability of quality programs. As per the

documentation submitted, there is no evidence of a Functional Capacity Evaluation, nor documentation of an adequate trial of physical or occupational therapy followed by a plateau. There is no indication that this patient is not a surgical candidate. Based on the clinical information received, the patient does not currently meet criteria for the requested service. In addition, there was no physical examination provided on the requesting date of 10/09/2013. Based on the clinical information received, the request is non-certified.