

Case Number:	CM13-0063989		
Date Assigned:	01/03/2014	Date of Injury:	12/04/2012
Decision Date:	05/07/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/11/2013

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 Family Practice, has a subspecialty in Physical 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:

32 yr. old male claimant sustained a work injury on 12/4/12 involving the left shoulder. An MRI of the shoulder showed degenerative changes and tendonitis. He had a diagnosis of impingement syndrome and underwent left shoulder arthroscopy on 4/26/13. He had received oral analgesics and underwent physical therapy. An exam report on 10/24/13 indicated limited range of motion and 4-/5 strength of the left shoulder. A request was made by the treating physician for 12 sessions of work hardening and to continue physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK HARDENING FOR THE LEFT SHOULDER (2 TIMES PER WEEK FOR 6 WEEKS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Conditioning

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

Decision rationale: There was no documentation of returning to work objective with the work hardening request. In addition, the duration of request of 12 sessions over 6 weeks exceeds the

amount recommended by the guidelines above. The requested amount of work hardening is not medically necessary.