

Case Number:	CM13-0064755		
Date Assigned:	01/03/2014	Date of Injury:	11/10/2011
Decision Date:	04/18/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/12/2013

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 has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of November 10, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier shoulder arthroscopy and labral repair surgery; and extensive periods of time off of work. In a utilization review report of December 2, 2013, the claims administrator denied a request for work hardening, noting that the applicant had not had precursor FCE and further noting that the applicant's psychiatric issues might represent a barrier to recovery. The applicant's attorney subsequently appealed. A clinical progress note of December 12, 2013 is notable for comments that the applicant reports persistent issues with pain. The applicant states that he is miserable. The applicant reports 4 to 6/10 pain. Right shoulder range of motion is limited with abduction to 130 degrees. Work hardening is sought while Naprosyn and topical compounds are issued. The applicant is placed off of work, on total temporary disability. It is stated that work hardening is being sought to facilitate the applicant's return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK HARDENING 3 TIMES 5 FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Page(s): 156.

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

Decision rationale: No, the request for 15 sessions of work hardening is not medically necessary, medically appropriate, or indicated here. As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for admission to a work hardening program includes evidence of a work-related musculoskeletal condition with functional limitations precluding the ability to safely achieve current job demands, which should be in the medium or higher demand level. A precursor FCE may be required, the MTUS further notes. There should be evidence that an applicant is not a candidate for further surgery and has tried and failed physical therapy. The applicant should have a defined return to work goal, ideally agreed to both by the applicant and the employer. The MTUS does not support work hardening in applicants who are more than two years removed from the date of injury. In this case, however, several of the aforementioned criteria have not been met. The applicant is greater than two years removed from the date of injury, November 10, 2011. Work hardening may not be beneficial at this point, since the applicant is off of work. There is no evidence that a precursor FCE or other precursor program evaluation was made. For all of the stated reasons, then, the request is not certified, on independent medical review