

<b>Case Number:</b>	CM13-0068903		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/30/2012
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 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 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 50-year-old male who reported an injury on 03/30/2012. The mechanism of injury was not provided. The injured worker underwent a revision of the left shoulder arthroscopy with lysis of adhesions and capsular release on 08/09/2013. The documentation of 11/11/2013 revealed the injured worker underwent a course of physical therapy but had continued stiffness, weakness, loss of motion, and pain in the left shoulder. The injured worker was having difficulty with overhead activities and activities of daily living due to the lack of motion in his left shoulder. The physical examination revealed the injured worker had forward flexion of 100 degrees and abduction of 85 degrees with global stiffness in all planes. The treatment plan included physical therapy 2 times a week for 6 weeks due to continue global stiffness, loss of motion, and pain and functional deficits of the shoulder. The request per the Department of Workers' Compensation (DWC) Form RFA was for work hardening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE (12) WORK HARDENING SESSIONS FOR THE LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Shoulder Procedure Summary Last Updated (06/12/2013), Criteria For Admission To A Work Hardening (WH) Program.

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

**Decision rationale:** California MTUS Guidelines criteria for admission into a work hardening include work-related musculoskeletal conditions should have functional limitations precluding their ability to safely achieve current job demands which are at a medium or higher demand level. An FCE may be required showing consistent results with maximal efforts. The injured worker should have documentation of an adequate trial of physical therapy or occupational therapy with improvement followed by plateau there should be documentation indicating the injured worker is not likely to benefit from continued physical therapy or occupational therapy or general conditioning. The injured worker should not be a candidate where surgery or other treatments would be clearly warranted to improve function. The work-hardening program should be completed in 4 weeks consecutively or less. Treatment is not supported for longer than 1 to 2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in function. The clinical documentation submitted for review failed to indicate the injured worker had a Functional Capacity Evaluation, failed to indicate the injured worker had an adequate trial of physical or occupational therapy with improvement followed by plateau and would not likely benefit from continued physical or occupational therapy or general conditioning and was not a candidate where surgery or other treatments would be clearly warranted to improve function. The request as submitted failed to provide documentation of a necessity for more than 2 weeks of treatment without re-evaluation. Given the above, the request for twelve (12) work hardening sessions for the left shoulder is not medically necessary.