

Case Number:	CM13-0070477		
Date Assigned:	01/03/2014	Date of Injury:	02/13/2013
Decision Date:	04/29/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/24/2013

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 and is licensed to practice in Texas. 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 patient is a 30-year-old male who reported an injury on 02/13/2013 due to cumulative trauma while performing normal job duties. The patient's treatment history included physical therapy, work conditioning, work hardening, and surgical intervention. The patient's most recent clinical evaluation documented that the patient had 50% limited range of motion of the left shoulder with tenderness to palpation over the distal acromioclavicular joint. The patient's diagnoses included rotator cuff syndrome. The patient's treatment plan included 10 work conditioning sessions in preparation for discharge for treatment. A request was made for work hardening.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR WORK HARDENING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Page(s): 125 and 126.

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

Decision rationale: The requested decision for work hardening is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends work hardening

programs for patients who have plateaued during physical therapy and would not benefit from further surgical intervention. Additionally, patients must have undergone a baseline physical and psychological assessment. The clinical documentation submitted for review does not provide any evidence that the patient has plateaued during physical therapy or has undergone a baseline psychological or physical assessment to determine the appropriateness of a work hardening program for this patient. Additionally, the request as it is written does not clearly define a duration of treatment or an applicable body part. Therefore, the appropriateness of the request cannot be determined. As such, the requested work hardening program is not medically necessary or appropriate.