

Case Number:	CM13-0071201		
Date Assigned:	01/08/2014	Date of Injury:	02/15/2011
Decision Date:	07/15/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/26/2013

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 Internal Medicine, and is licensed to practice in New York. 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 58 year old female who was injured on 02/15/2011 while working in a store getting a unit ready for her counter. She reached for the unit not knowing there was something else on top of it. This fell down and hit her right shoulder causing immediate pain in her right shoulder. Her diagnoses are right shoulder pain and cervicodiscogenic pain. Prior treatment history has included right shoulder injection, Hydrocodone, Gabapentin, and Cyclobenzaprine. The patient has undergone two shoulder surgeries for her right arm with a right shoulder acromioplasty and biceps tendon tenodesis on 11/27/2011. Progress report dated 10/10/2013 states the patient still has some significant shoulder pain. She rates her pain at a 6-7/10. She has difficulty sleeping. She has difficulty doing her house chores. She is recommended work hardening to benefit her and get her ready to get back to work. The patient has severe stiffness and pain in her right shoulder. She has some stiffness and soreness in her neck with radiation down to the shoulder. Cervical range of motion is full. On range of motion, she exhibits extension to 38 degrees. She has pain going down her right neck into her right shoulder. The trapezius muscle is in mild spasm. Her right shoulder exam shows definite impingement on the right. Range of motion of the right shoulder in abduction is 70 degrees and in extension to 145 degrees. There is no evidence of impingement on the right. She does have weakness of her infraspinatus and supraspinatus muscles. She tested positive on sulcus test for laxity. She has negative apprehension test. Biceps tendon seems intact and seems in full range of motion. Speed's test is negative on the right. Tendon reflexes are equal and bilateral. She has normal sensation to pinprick, light touch, and proprioception. She has normal strength and fine motor control.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK HARDENING TWICE A WEEK FOR SIX WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION WORK HARDENING Page(s): 125-126.

Decision rationale: According to California MTUS guidelines, a work hardening program is recommended for "work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). A FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA)." In this case, this injured worker has right shoulder and neck pain and stiffness. There is documentation that the injured worker has undergone all of the entire treatment for the right shoulder except for work hardening program. The injured worker is currently working modified duty in a non-retail store; however, there is no documentation of the job requirement. The request is for 2x a week for 6 weeks of work hardening program; however, the California MTUS guidelines indicate treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. Additionally, the date of injury is 02/15/2011 and guidelines indicate that the worker must be no more than 2 years past date of injury. Finally, guidelines indicate that approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. Medical necessity for the requested item has not been established. The requested item is not medically necessary.