

<b>Case Number:</b>	CM14-0003707		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	10/15/2011
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 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 injured worker is a 53-year-old female who reported an injury on 10/15/2011. The mechanism of injury was pulling open a door. The injured worker underwent a debridement of the glenohumeral joint, arthroscopic subacromial decompression, and lysis of subdeltoid adhesions on 05/20/2013. Prior treatments include postoperative physical therapy sessions, medications, a TENS unit with benefit, paraffin bath for the right shoulder, a home exercise program, work restrictions, and trigger point injections. The documentation of 10/15/2013 revealed that the injured worker was status post right shoulder arthroscopy with adhesive capsulitis. It was indicated that the injured worker had failed conservative treatment efforts including medication, physical therapy, and a home exercise program. It was indicated that the injured worker remained significantly symptomatic and had persistent deficits in work capabilities. The documentation indicated the physical therapy and home exercise modalities were no longer sufficient to activate muscle resurgence or the injured worker was reaching a chronic state and pain behaviors were contributing to delayed recovery or the injured worker was at or near permanent and stationary status and final work tolerances need to be determined. The treatment plan included a progressive work hardening program with a baseline examination. It was further indicated should the injured worker be found to have reached maximum medical improvement without the need for additional or full work hardening, then no treatment other than those would be needed to bring the injured worker to full duty capability would be initiated and any unused allowances would be remanded back to the insurance carrier. The subsequent documentation of 01/14/2014 revealed that the injured worker had met maximum medical improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BASELINE WORK CAPACITY EVALUATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 132-139.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, FCE

**Decision rationale:** ACOEM guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation, however, it does not address the criteria. As such, secondary guidelines were sought. Official Disability Guidelines indicates that a Functional Capacity Evaluation is appropriate prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. The clinical documentation submitted for review indicated that the request was made as admission criteria to a work hardening program. The injured worker was noted to have not met the criteria for entry into the work hardening program which was concurrently being reviewed. As such, the request for a baseline work capacity evaluation is not medically necessary.

**WORK HARDENING FOR RIGHT SHOULDER 40 HOURS TOTAL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines WORK CONDITIONING, WORK HARDENING Page(s): 125.

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

**Decision rationale:** The California MTUS Guidelines recommend the criteria for a work hardening program including work related musculoskeletal conditions with functional limitations precluding the ability to safely achieve current job demands which are at a medium or higher demand level and a FCE may be required to show consistent results with maximal effort demonstrating capacities below an employer's verified physical demands level. After treatment with an adequate trial of physical or occupational therapy with improvement followed by a plateau, but not likely to benefit from continued physical or occupational therapy and the injured worker is not a candidate for surgery or other treatments would clearly be warranted to improve function and physical and medical recovery is sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for 3 to 5 days a week. Additionally, a defined return to work goal agreed on by the employer and employee should be documented. The worker must be able to benefit from the program functionally and psychological limitations are likely to improve with the program. The worker must be no more than 2 years past the date of injury. The treatment is not supported for more than 1 to 2 weeks without evidence of injured worker compliance and demonstrated significant gains as documented by subjective and objective gains in measurable improvement in functional abilities. The clinical documentation submitted for review indicated that the injured worker had not yet undergone a Functional Capacity Evaluation as the request was concurrently being reviewed. There was lack of documentation indicating the

injured worker's job to return to had a medium or higher demand level. It was indicated that the injured worker had persistent work capability deficits that remained below the employer's essential physical job demands for the usual and customary work. However, no description was provided for review. The request would not be supported. Given the above, the request for work hardening for the right shoulder 40 hours total is not medically necessary.