

Case Number:	CM14-0005074		
Date Assigned:	01/29/2014	Date of Injury:	12/28/2012
Decision Date:	06/13/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/05/2014

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 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 patient has submitted a claim for tendinitis, bursitis, rotator cuff syndrome of the left shoulder associated with an industrial injury date of December 28, 2012. Treatment to date has included NSAIDs, opioids, muscle relaxants, topical analgesics, whirlpool therapy, home exercise programs, physical therapy, acupuncture, left ankle surgery (1/15/13), and left shoulder surgery (9/5/13). Medical records from 2013 to 2014 were reviewed. Patient complained of occasional minimal pain that was aggravated by sudden movements and reaching overhead associated with a popping sound with any movement in the left shoulder. Physical examination showed +3 spasms and tenderness to the left upper shoulder muscles and left upper trapezius, positive Speeds test and supraspinatus test on the left. Utilization review from December 23, 2013 denied the request for work hardening of the left shoulder. Reasons for denial are persistent decreased ROM despite 24 sessions of postoperative physical therapy, no documentation that a complete FCE was done, and lack of documentation regarding a specific job to return to with job demands that exceed the patient's abilities.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK HARDENING: Upheld

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

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

Decision rationale: Page 125 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that some of the criteria for admission to a work hardening program are: (1) work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level. An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis; (2) after treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning; (3) not a candidate where other treatments would clearly be warranted to improve function; (4) a defined return to work goal agreed to by the employer & employee; (5) work hardening should be completed in 4 weeks consecutively or less. In this case, the patient was prescribed work hardening to increase ADLs, begin work restrictions, decrease the need for medication, decrease the visual analog scale rating, decrease swelling, and increase measured active ROM. The patient is status post left rotator cuff arthroscopic repair (9/05/13). Twenty-four sessions of physical therapy to the left shoulder was done. However, persistent decreased ROM was noted. Progress notes from January 21, 2014 reported that the patient is a good candidate for postoperative acupuncture therapy for the left shoulder. The medical records reviewed lacks information regarding the acupuncture therapy, a complete FCE, and a defined return to work goal agreed to by the employer and employee. The current request also lacks a definite time frame to complete the work hardening program. Therefore, the request for work hardening is not medically necessary and appropriate.