

<b>Case Number:</b>	CM14-0007928		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	12/31/2011
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 52-year-old male who reported an injury on 07/20/2011. The mechanism of injury was not stated. The current diagnoses include shoulder osteoarthritis, pain in the shoulder, tendinitis of the long head of the bicep, rotator cuff strain, and shoulder impingement. The injured worker was evaluated on 09/09/2013. The injured worker was status post right shoulder arthroscopy with debridement of a torn glenoid labrum, release of the long head of the biceps tendon, open acromioplasty, and distal clavicle excision on 01/19/2013. The injured worker has completed thirty-six (36) physical therapy sessions. The physical examination revealed 170 degree flexion with 100 degree abduction. The treatment recommendations at that time included work hardening and a Functional Capacity Evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**WORK HARDENING ADD-ON:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125-126.

**Decision rationale:** The Chronic Pain Guidelines recommend work conditioning and work hardening as an option. There should be evidence of an adequate trial of physical or occupational therapy with improvement followed by a plateau. A Functional Capacity Evaluation (FCE) may be required. There should also be evidence of a defined return to work goal. The injured worker must be no more than two (2) years past the date of injury. As per the documentation submitted, the injured worker is greater than two (2) years past the date of injury on 07/20/2011. There is no documentation of a Functional Capacity Evaluation prior to the request for work hardening. There is also no frequency or total duration of treatment listed in the request. Based on the clinical information received, the request is not medically necessary.