

<b>Case Number:</b>	CM14-0010080		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	10/10/2010
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 is a 37-year-old male who has submitted a claim for right rotator cuff injury, status post rotator cuff surgery repair (March 2012), right shoulder tendinitis, right shoulder contusion injury, and right median neuropathy of right carpal tunnel syndrome; associated with an industrial injury date of 10/10/2010. Medical records from 2013 were reviewed and showed that the patient complained of stabbing and tingling right shoulder pain, graded 4/10, radiating to the neck and right arm. Physical examination showed a well-healed scar in the right shoulder. Range of motion of the right shoulder was decreased. Tinel and Phalen tests were positive. DTRs were normal. Sensation was intact. EMG/NCS of the upper extremities, dated 09/19/2013, showed electrodiagnostic evidence of median nerve neuropathy at the right wrist consistent with right carpal tunnel syndrome. Treatment to date has included medications, physical therapy, TENS, and right shoulder surgery as stated above. Utilization review, dated 01/13/2014, denied the request for work hardening because the patient was still TTD (temporary total disability) and there was no documentation of an employer-employee return to work agreement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**WORK HARDENING 2 TIMES PER WEEK FOR 6 WEEKS FOR THE RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Conditioning.

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

**Decision rationale:** As stated on page 125 of the CA MTUS Chronic Pain Medical Treatment Guidelines, work hardening is recommended as an option for chronic pain. Criteria for a work hardening program (WHP) include a functional capacity evaluation showing consistent results with maximal effort; an adequate trial of physical or occupational therapy with improvement followed by plateau; and a defined return to work goal agreed to by the employer and employee. WHPs should be completed in 4 weeks consecutively or less. Guidelines also state that workers that have not returned to work by two years post injury may not benefit from a WHP. In this case, the patient complains of right shoulder pain radiating to the neck and right arm despite medications, surgery, and adequate physical therapy. However, the medical records submitted for review do not include an employer-employee work goal agreement and a functional capacity evaluation report. Furthermore, the patient has not returned to work 3 years post injury. Lastly, the duration of the requested WHP exceeds the recommended 4 weeks of WHP. Therefore, the request for Work Hardening 2 Times per Week for 6 Weeks for the Right Shoulder is not medically necessary.