

<b>Case Number:</b>	CM14-0012723		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	02/02/2011
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 & Rehabilitation and is licensed to practice in Oklahoma and 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 57-year-old male who reported an injury on 02/02/2011. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/08/2014 reported the injured worker complained of right shoulder pain. The physical examination revealed the range of motion of the right shoulder demonstrated flexion to 149 degrees, extension to 34 degrees, abduction to 93 degrees, adduction to 24 degrees, external rotation to 61 degrees, and internal rotation to 64 degrees. The injured worker's prescribed medication list was not provided. The injured worker's diagnoses included status post right shoulder arthroscopy dated 03/29/2013. The injured worker's prior treatments were not provided. The provider requested 12 work hardening sessions for the right shoulder. The provider recommended work hardening sessions to allow the injured worker to simulate his driving duty. The Request for Authorization form was submitted on 01/31/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE (12) WORK HARDENING SESSIONS FOR RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines WORK CONDITIONING /WORK HARDENING.

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

**Decision rationale:** The injured worker complained of right shoulder pain. The provider's rationale for the work hardening program was to allow the injured worker to simulate his driving duties utilizing stick shift in the large rigs he operates. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend a work hardening program as an option, depending on the availability of quality programs. Work injuries with conditions of musculoskeletal functional limitations that hinder the injured worker's ability to safely do the demands of their current job, can be considered for a work hardening program. An functional capacity exam may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). Work hardening programs may be considered after treatment with physical or occupational therapy with improvement followed by plateau. The injured worker must be physically and medically stable for a progressive reactivation and participation in a work hardening program. A defined goal documented and agreed upon by both, the employee and employer is required. The worker must be no more than 2 years past date of injury. Workers that have not returned to work by 2 years post injury may not benefit. Work Hardening Programs should be completed in 4 weeks consecutively or less. There is a lack of clinical evidence indicating the injured worker has had a Functional Capacity Evaluation. There is a lack of therapy notes documenting the injured worker's progression and improvement, followed by plateau with therapy. A defined return to work goal agreement with the employer and employee was not provided in the clinical documentation. Furthermore, the requesting provider did not specify the utilization frequency or duration of the work hardening sessions; per the guidelines, work hardening programs should be completed in 4 weeks consecutively or less. In addition, the injured worker reported his injury on 02/02/2011; the guidelines recommend the injured worker must be no more than 2 years past date of injury. Therefore, the request is not medically necessary or appropriate.