

<b>Case Number:</b>	CM14-0016290		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 has a subspecialty in Interventional Spine 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 66 year-old male. The patient's date of injury is 4/1/2013. The mechanism of injury, according to the clinical documents is unclear. The patient has been diagnosed with s/p right shoulder rotator cuff repair. The patient's treatments have included 32 post-op rehab sessions. The physical exam findings from physician, are largely illegible and lacking, but include; ABD 160, ER 50, IR 40.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **WORK CONDITIONING PROGRAM 3 TIMES 4 WEEKS FOR THE RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Conditioning, Work Hardening

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine (ACOEM), 2nd Edition, (2004), Mtus, Work Conditioning, Work Hardening and Official Disability Guidelines (ODG) Physical Medicine Guidelines.

**Decision rationale:** The Expert Reviewer's decision rationale: MTUS/ODG treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a work conditioning program 3 times 4 weeks for the right shoulder: The patient has already completed the 32 sessions of rehab, after the surgery. There is a lack of functional capacity examination. There is a lack of legible documentation from the provider. According to the clinical documentation provided and current MTUS/ODG guidelines; a work condition program is not indicated as a medical necessity to the patient at this time.