

<b>Case Number:</b>	CM14-0019672		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	07/11/2013
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for shoulder and arm pain associated with cumulative trauma at work first claimed on July 11, 2013. Thus far, the applicant has been treated with analgesic medications, 12 earlier sessions of physical therapy, topical compounds, and extensive periods of time off of work, on total temporary disability. A January 21, 2014 progress note is notable for comments that the applicant reported persistent shoulder, hand, and wrist pain. The applicant had reportedly reached a plateau with recovery. The applicant had positive Phalen's signs about the wrist bilaterally with positive signs of internal impingement about the shoulder. It was stated that the applicant should pursue a 10-session course of work hardening while remaining off of work, on total temporary disability. Topical compounds and Tramadol were endorsed, in the interim. The attending provider stated that there is evidence that the applicant earlier had a functional capacity evaluation; however, the results of the same were not attached to the request for authorization.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**WORK HARDENING RIGHT SHOULDER AND RIGHT WRIST 1 X 10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for the pursuit for work hardening include evidence that the applicant is not likely to benefit from continued physical therapy or general conditioning. An applicant should have a clearly defined return to work goal and the patient should not be a candidate for surgery or other treatments. In this case, it is not clear that the applicant has a clearly defined return to work goal. It is not clearly stated that the applicant has a job to return to and/or intends to return to the workplace and/or workforce. It is not clearly stated why general conditioning in the form of on-the-job rehabilitation cannot be employed here. Therefore, the request is not medically necessary.