

<b>Case Number:</b>	CM14-0019971		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	08/02/2010
<b>Decision Date:</b>	07/17/2014	<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:

This is a 44-year-old who has reported the gradual onset of shoulder pain attributed to work activity, with a listed date of injury on August 2, 2010. Diagnoses include: biceps tendinitis, labral tear, impingement syndrome, and rotator cuff tear. On June 5, 2012 the injured worker was treated with a right shoulder arthroscopic debridement, labral repair, biceps tenotomy/tenodesis, subacromial decompression, and rotator cuff repair. The injured worker has attended postoperative physical therapy. Per a physical therapy report of January 11, 2013, the injured worker had attended 16 physical therapy visits and was improved. She had ongoing limited range of motion (140 flexion and abduction), and 4/5 strength. On July 8 and August 14, 2013, the treating surgeon noted unchanged symptoms, improved pain after surgery, and weakness. Flexion was 160 and abduction was 150. Strength was 3/5. Work Hardening was recommended. The clinical condition was largely identical on September 11, 2013. The treatment plan included "Vocational Rehabilitation". On October 9, 2013 the clinical condition was largely unchanged but the injured worker was planning a return to usual work as of October 22, 2013, as she was apparently in danger of losing her position. On November 5, 2013 the treating surgeon requested authorization for a Work Hardening program, three to four hours per day for 3 days a week, with no duration listed. On November 8 and December 26, 2013 the treating surgeon noted improvement with physical therapy, ongoing slight weakness, and abduction to 170. The injured worker has stated that her employer does not want to take her back to full duty and wants her to do work hardening. Work Hardening is recommended, three to four hours per day for three days a week, with no duration listed. Work status was "temporarily totally disabled" for two months per the December 26, 2013 report. The treating physician has stated that this injured worker is a UPS driver. No formal job analysis was discussed, and there was no documentation of any communications with the employer regarding a specific return to work agreement.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **12 WORK HARDENING SESSIONS, RIGHT SHOULDER:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute and Chronic) Chapter.

**Decision rationale:** The treating physician is recommending Work Hardening/Work Conditioning but has not provided a prescription which adequately addresses the requirements of the Chronic Pain Medical Treatment Guidelines. The frequency, duration, content and intensity of the proposed Work Hardening/Work Conditioning program are not consistent with the recommendations of the Chronic Pain Medical Treatment Guidelines. Note the Chronic Pain Medical Treatment Guidelines recommendations for an initial course of Work Hardening/Work Conditioning, and the expected duration, hours/day, and days/week. The treating physician did not specify an initial trial period and did not list a duration in the authorization request. On September 11, 2013 the treating physician recommended "Vocational Rehabilitation", which implies a permanent inability to return to usual work. Alternatively, the treating physician has stated that the injured worker was "temporarily totally disabled" for two months, per the December report. This precludes participation in Work Hardening/Work Conditioning, as a Work Hardening/Work Conditioning program implies an imminent return to work (within the next four weeks). The injured worker is more than two years post injury, which precludes participation in Work Hardening/Work Conditioning. There is no documentation that the employer has an explicit agreement to return this patient to work contingent upon completion of a Work Hardening/Work Conditioning program. No formal, employer-approved job/physical demands analysis is in evidence. There is no evidence that the treating physician has consulted an employer-approved job/physical demands analysis prior to prescribing Work Hardening/Work Conditioning. The injured worker has not maximized a trial of conventional PT (physical therapy) or general conditioning, as there is no documentation of a plateau in physical therapy, or that the injured worker could not benefit from additional strength training. The treating physician has not provided the necessary components of the Work Conditioning program as recommended in the Chronic Pain Medical Treatment Guidelines, and the injured worker does not meet the necessary criteria listed in the Chronic Pain Medical Treatment Guidelines. The request for twelve sessions of a work hardening program is not medically necessary or appropriate.