

<b>Case Number:</b>	CM14-0158137		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	03/05/2013
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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 34-year-old male with a 3/5/13 date of injury. According to a progress report dated 8/11/14, the patient was about 6 months status post subacromial decompression and SLAP lesion repair. He has been going to physical therapy and has completed 8 additional sessions, and now had good motion and minimal pain. The provider has requested work hardening so that the patient may possibly return to work in four weeks. Objective findings: minimal tenderness of right shoulder, full range of motion, very minimal discomfort, negative impingement signs. Diagnostic impression: status post right shoulder SLAP lesion repair and subacromial decompression. Treatment to date: medication management, activity modification, physical therapy, surgery. A UR decision dated 8/26/14 denied the request for work-hardening. The attending provider acknowledged that the claimant had been given home exercises, was able to perform them, and would likely be capable of ameliorating whatever deficits, if any, he might have in the context of a trial of regular work duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work Hardening for 2 x 6 weeks 12 sessions for the right shoulder:** Upheld

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

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

**Decision rationale:** MTUS criteria for work hardening program participation include a work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level; an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning; surgery or other treatments would not clearly be warranted to improve function; physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week; a defined return to work goal agreed to by the employer & employee including a documented specific job to return to with job demands that exceed abilities; ability to benefit from the program; no more than 2 years past date of injury; treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. However, in the present case, there were no clearly defined goals to return to work agreed upon by the employee and employer prior to the pursuit of work hardening. It does not clearly indicate whether the applicant has or had a job to return to, and it is not clearly stated what is preventing the applicant from returning to work at this point in time. It is noted that the patient has very minimal discomfort. In addition, this is a request for 6 weeks of treatment. Guidelines support initial treatment of no more than 1-2 weeks. Additional treatment requires documentation of functional improvement. Therefore, the request for Work Hardening for 2 x 6 weeks 12 sessions for the right shoulder was not medically necessary.