

Case Number:	CM14-0159636		
Date Assigned:	10/03/2014	Date of Injury:	07/19/2012
Decision Date:	10/29/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/29/2014

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 Pain Management 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 injured worker is a 54 year-old female who sustained work-related injuries on July 19, 2012. Prior treatments include physical therapy, which were not helpful, topical pain reliever, right acromioclavicular injection which worsened her pain, right SAS injection which helped for 7 days, and home exercise program. She underwent an agreed medical examination on May 20, 2014. She was determined 12 1/2% apportionment related to non-industrial factors. Most recent records dated September 17, 2014 documents that the injured worker returned to her provider and complained of mild aching pain that was worse with lifting more than 20 pounds. She has been doing a lot of typing which aggravated her condition. She also reported that her symptoms have flared-up and her employer does not honor her work restrictions. On examination, range of motion of the right shoulder was within normal limits. Mild tenderness and mild effusion was noted. Tenderness was noted over the acromioclavicular joint. Supraspinatus and abduction was 4/5. Neer's test and cross-over was positive. Rotator strength was 3/5. X-ray of the right shoulder revealed acromioclavicular joint arthritic changes. Humeral head cysts. A magnetic resonance imaging (MRI) of the right shoulder revealed moderate acromioclavicular joint osteoarthritis with mild subacromial bursitis with evidence of prior supraspinatus tendon repair without acute tear or small effusion. She is diagnosed with (a) hypertension, (b) rotator cuff syndrome not otherwise specified, and (c) acromioclavicular sprain left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening Sessions times 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

Decision rationale: According to the criteria for admission to a work hardening program, the injured worker must meet the following: (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 (i.e., not clerical/sedentary work). An function capacity evaluation (FCE) may be required showing consistent results with proximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA) as well as (b) after treatment with 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. In this case, the injured worker's job involves clerical work and records reviewed that she is currently undergoing twice a week for six weeks physical therapy with consistent reports of improvement of condition. Based on this clinical information, the injured worker's current condition does not satisfy the aforementioned criteria for admission to a work hardening program. Therefore, the medical necessity of the requested 8 sessions of work hardening is not established.