

Case Number:	CM14-0020692		
Date Assigned:	04/30/2014	Date of Injury:	08/02/2011
Decision Date:	07/08/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/19/2014

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 and Rehabilitation, and is licensed to practice in Texas. 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 56 year old male who reported an injury on 08/02/2011. The mechanism of injury was not reported. Per the 01/13/2014 clinical note, the injured worker reported some improvement from work conditioning. Left shoulder examination showed a negative impingement sign, 4/5 strength, and no instability or tenderness. Range of motion was noted at 175 degrees of flexion, 170 degrees of abduction, 40 degrees of adduction, 45 degrees of extension, 60 degrees of external rotation, and 65 degrees of internal rotation. Decreased sensation was noted in the left upper extremity in the C6 distribution. The injured worker's diagnoses included status post left shoulder arthroscopy and open rotator cuff repair on 05/23/2012, cervical spine strain with degenerative joint disease, left cervical radiculopathy, and degenerative joint/disc disease of the cervical spine with disc protrusions from C3-7. The injured worker was recommended to continue work conditioning for the left shoulder. The request for authorization form was submitted on 01/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL WORK CONDITIONING SESSIONS, 2 X WEEK FOR 6 WEEKS FOR LEFT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WORK CONDITIONING, WORK HARDENING Page(s): 125-126.

Decision rationale: The request for additional work conditioning sessions, 2 times a week for 6 weeks for the left shoulder is non-certified. The CA MTUS guidelines recommend 10 visits of work conditioning. The medical records provided indicate the injured worker had begun initial work conditioning. It is unclear how many sessions were completed. The injured worker reported "some" improvement. It is unclear if the injured worker experienced significant functional improvement to warrant additional work conditioning sessions. Nonetheless, the request for 12 additional work conditioning sessions exceeds guideline recommendations of 10 sessions. As such, the request is not medically necessary and appropriate.