

Case Number:	CM14-0021887		
Date Assigned:	05/09/2014	Date of Injury:	01/05/2013
Decision Date:	08/04/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/21/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 32 year old male with a work injury to his right shoulder dated 1/5/13. The diagnoses include status post right shoulder arthroscopic Bankart repair performed on 3/16/13. Under consideration is a request for 12 sessions of work hardening, 2 per week for 6 weeks. The documentation indicates that on 8/29/13, the patient was allowed to return to work with restrictions. He returned to work without restrictions on 10/29/13. There is a 2/24/14 orthopedic visit that states that the patient has completely recovered from his shoulder surgery; however, he continues to have rotator cuff tendinitis that has improved with home exercises. He is placed on MMI (Maximum Medical Improvement) status. The primary treating progress report dated 1/13/14 stated that the patient was 10 months post right shoulder arthroscopic Bankart repair with minimal pain in the joint, popping, and limited range of motion. There was no crepitus noted. Scapular winging was present. The scapular position was protracted. External rotation was 70 degrees. Internal rotation was to T12 and flexion was 170 degrees. Motor and sensory examination of the upper extremities was intact with supraspinatus, infraspinatus, and subscapularis strength at 5/5. The patient was stated to still have a range of motion/strength deficit. He was to continue attending physical therapy and begin work hardening. There is a 1/5/13 orthopedic visit that states that the patient is doing well still with persistent scapular dyskinesia and weakness. There is a recommendation that the patient continues his physical therapy program at this time before returning to work with full duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of work hardening, 2 per week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back: Work conditioning, work hardening.

Decision rationale: The request for 12 sessions of work hardening, 2 per week for 6 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that work hardening is appropriate for work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands. The ODG allows up to 10 visits over 8 weeks of work hardening. The request for 12 sessions exceeds the ODG recommended number of visits. The documentation indicates that the patient has returned to full duty. There is no documentation indicating that he has functional limitations precluding ability to safely achieve current job demands. The request for Twelve (12) sessions of work hardening, 2 per week for 6 weeks are not medically necessary and appropriate.