

Case Number:	CM14-0025703		
Date Assigned:	06/13/2014	Date of Injury:	04/05/2013
Decision Date:	07/31/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/28/2014

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 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 50-year-old male who reported an injury on 10/26/2012 from an unknown mechanism of injury. The injured worker had a history of right shoulder pain. The physical therapy progress note dated 11/26/2013 revealed that this was visit 17/18. The injured worker reported decreased active range of motion (AROM) and increased pain in the right shoulder. Passive flexion was 160 degrees with pain, extension was not taken, abduction was 150 degrees with pain with flexion, external rotation was 90 degrees with pain, and internal rotation was 64 degrees with pain and tightness. The physical therapist stated that the injured worker had been progressing well with his work conditioning program prior to returning to work. The physical therapist's assessment showed the injured worker not progressing as expected. The clinical note on 04/08/2014, revealed the injured worker complained of right shoulder pain. The injured worker stated that the pain has gradually increased and describes it as an ache that occurs primarily in the anterior and lateral aspects of the shoulder. There are occasional sharp pains with certain movements, such as throwing a ball. The pain is rated at a discomfort of 2/10 to 3/10 on a constant basis and an occasional 5/10 to 6/10. The injured worker has an orthopedic history of both wrists and left arm. The diagnoses are asthma and arthritis. Medications included Aleve 220 mg, glucosamine 300 mg, and multivitamins. Range of motion of the shoulder was within normal limits with discomfort. The injured worker had diagnoses of status post right shoulder subacromial decompression and debridement of a partial thickness rotator cuff tear and status post right open biceps tenodesis. The request is for additional work conditioning 2 times per week for 4 weeks. The Request for Authorization was dated 01/20/2014. The provider's rationale for a work hardening program is recommended due to the nature of his job.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional work conditioning (2) times per week for four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Personal Risk Modification, 11.

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 2 times per week for 4 weeks is not medically necessary. The injured worker has a past history of right shoulder pain. The Chronic Pain Medical Treatment Guidelines state the worker must be no more than 2 years past date of injury. The program timelines should be completed in 4 weeks consecutively or less with up to 10 visits over 8 weeks if documentation of subjective and objective gains and measurable improvement in functional abilities. Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented. Physical therapy progress report on 11/26/2013 states that the injured worker has not progressed as expected. The injured worker has received at least 17 work conditioning sessions with minimum progress. There has been lack of documentation for the medically necessary for additional working conditioning sessions. The request is in excess of the recommended 10 visits. Thus the request for additional work conditioning 2 times a week for 4 weeks is not medically necessary.