

Case Number:	CM14-0034411		
Date Assigned:	06/20/2014	Date of Injury:	01/22/2013
Decision Date:	07/22/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/19/2014

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, has a subspecialty in Interventional Spine 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 patient is a 56-year-old female with date of injury of 01/22/2013. The listed diagnoses are status post right shoulder RC repair, date of which is unknown. In the only report that was provided for review, there was no documented physical examination or subjective findings. In addition, the work status on this preliminary treatment and disability information form shows that the patient will continue working/unrestricted and will be permanent and stationary effective 04/28/2014 and will be released to regular work effective 06/09/2014. No other information on this report was significant. The utilization review denied the request on 03/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Conditioning Program for right shoulder 2 times per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for admission to a Work Hardening Program. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Medicine Guidelines-Work Conditioning and Physical Medicine for general guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines; Work conditioning, Work hardening, pages 125-126.

Decision rationale: The MTUS guidelines, regarding work conditioning/work hardening recommends admission to this program when the following criteria are met: availability of a job

to return to; work-related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level; likely not able to benefit from continued physical therapy or occupational therapy; is not a candidate for surgery; the worker must be no more than two years past date of injury, et cetera. In this case only one report was available and this report does not contain discussion regarding any of the criteria required by MTUS. For example, the treating physician does not mention that there is a job available for the claimant. Therefore, the request for work conditioning program for the right shoulder twice a week for four weeks is not medically necessary and appropriate.