

Case Number:	CM14-0045172		
Date Assigned:	07/02/2014	Date of Injury:	07/10/2013
Decision Date:	08/14/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/12/2014

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 66-year-old male who reported an injury on 07/10/2013. The injured worker complained of pain to his right shoulder. On 02/18/2014, the physical examination revealed that the range of motion demonstrated abduction to 100 degrees, forward flexion to 110 degrees, and external rotation to zero degrees. The documentation stated that the injured worker has failed conservative treatment, remains significantly symptomatic, and has a persistent deficit in work capabilities. The injured worker had an MRI of the right shoulder on 07/22/2013. On 10/07/2013, the injured worker had a right shoulder arthroscopy. The injured worker had a diagnosis of right shoulder adhesive capsulitis. The past treatment methods included physical therapy, acupuncture, and cryotherapy. The injured worker's medications included Naproxen 500mg, and Biofreeze muscle gel 3oz. The physician's plans for the injured worker included recommendations to attend a work hardening program in hopes that it will help determine if he has reached maximum medical improvement. The request for authorization form was dated 02/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

40 contact hour work hardening program consisting of ten (10) 4 hourwork hardening sessions and one baseline work capacity exam: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Pain Capacity Evaluation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness Duty Chapter, Functional capacity evaluation (FCE).

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

Decision rationale: The injured worker had a history of persistent pain to the right shoulder. The MTUS Chronic Pain Guidelines recommend a work hardening program for patients with 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). The MTUS Chronic Pain Guidelines note an FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). The MTUS Chronic Pain Guidelines recommend a work hardening program after treatment with an adequate trial of physical or occupational therapy with improvement, followed by plateau. Patients should not be a candidate where surgery or other treatments would clearly be warranted to improve function and a documented specific job to return to with job demands that exceed abilities should be provided. The MTUS Chronic Pain Guidelines indicate Work Hardening Programs should be completed in 4 weeks consecutively or less, and treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. Although the physician did request a baseline test using a functional capacity exam, he did not do so prior to requesting the work hardening sessions. The requesting physician did not provide a functional capacity for review within the documentation. The physical therapy notes that were provided were not dated, making it difficult to assess the progression or failure of the treatment. The requesting physician did not provide a complete multi-disciplinary evaluation of the injured worker. In addition, the request does not indicate the frequency in which the injured worker is to attend the work hardening program. Given the above, the request is not medically necessary and appropriate.