

Case Number:	CM14-0051144		
Date Assigned:	07/07/2014	Date of Injury:	09/15/2011
Decision Date:	08/25/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/18/2014

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 Emergency Medicine 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 53-year-old male, who sustained an injury on September 15, 2011. The mechanism of injury occurred while putting away equipment into a van and the door slammed onto his right arm. Diagnostics have included: Right shoulder x-rays dated October 11, 2013 was reported as showing surgical changes; Right shoulder MRI dated June 6, 2012, was reported as showing rotator cuff tear and moderate impingement syndrome. Treatments have included: medications, activity modification (last worked November 2011), right elbow steroid injection, bracing, physical therapy, HEP, extracorporeal shockwave therapy; May 17, 2013 right shoulder arthroscopy, partial synovectomy, glenoid chondroplasty and subacromial decompression; 18 post-op physical therapy sessions. The current diagnoses are: right shoulder tendonitis/bursitis with partial rotator cuff tear, right elbow medial and lateral epicondylitis, anxiety. The stated purpose of the request for Work Hardening Screening was to provide an evaluation for a work hardening program. The request for Work Hardening Screening was denied on March 18, 2014, citing a lack of documentation of improvement followed by a plateau with postoperative physical therapy and his duration of disability since the time of injury. Per the report dated February 26, 2014, the treating physician noted complaints of right shoulder pain, right elbow pain and stress with anxiety. Exam findings included right shoulder positive Speed's and supraspinatus tests; right elbow tenderness, spasm and a positive Cozen test. Per the report dated March 17, 2014, the treating physician noted that the injured worker was released to modified work until April 26, 2014; the injured worker's functional capacities are less than the medium category; the injured worker has had adequate conservative therapy which has plateaued and further therapy is not being considered; the injured worker is not being considered for surgical intervention; the injured worker has the physical and mental capacity to endure four hours of participation a day for 3-5 days weekly; the injured worker has a defined work goal and a detailed list of job requirements;

a screening process is in place to ensure potential benefit from a work hardening program; the injured worker is no more than two years post injury; the work hardening program is to be completed within four weeks; the program has measurable gains and progress goals; the injured worker has not previously been enrolled in a work hardening program. Per the October 11, 2013 AME report, he was considered to be at Maximum Medical Improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening Screening: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Work Hardening and Conditioning.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), 7/18/09: Page 125, "Work conditioning, work hardening" "Criteria for admission to a Work Hardening Program".

Decision rationale: California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Page 125, Work conditioning, work hardening Criteria for admission to a Work Hardening Program recommend this treatment as an option, depending on the availability of quality programs and with the satisfaction of multiple criteria. The injured worker has complaints of right shoulder pain, right elbow pain and stress with anxiety. The treating physician has documented right shoulder positive Speed's and supraspinatus tests; right elbow tenderness, spasm and a positive Cozen test. The treating physician has also noted the following in reference to the criteria for a work hardening program: the injured worker's functional capacities are less than the medium category; the injured worker has had adequate conservative therapy which has plateaued and further therapy is not being considered; the injured worker is not being considered for surgical intervention; the injured worker has the physical and mental capacity to endure four hours of participation a day for 3-5 days weekly; the injured worker has a defined work goal and a detailed list of job requirements; a screening process is in place to ensure potential benefit from a work hardening program; the injured worker is no more than two years post injury; the work hardening program is to be completed within four weeks; the program has measurable gains and progress goals; the injured worker has not previously been enrolled in a work hardening program. The date of injury was September 15, 2011. The dates of the reports and request for treatment from the treating physician were February 26, 2014 and March 17, 2014; and the date of the UR denial was March 18, 2014 all dates in excess of two years from the date of injury. The criteria noted above not having been met, Work Hardening Screening is not medically necessary.