

Case Number:	CM14-0081474		
Date Assigned:	07/18/2014	Date of Injury:	03/05/2013
Decision Date:	12/05/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/02/2014

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 Family Medicine and is licensed to practice in Ohio. 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 35 year old female with a date of injury of 3-15-2013. The mechanism of injury is not given. She has been experiencing right shoulder pain. She has been treated with anti-inflammatories and has had physical therapy. She works on an assembly line and needs to reach over head for several minutes per hour to program her machine. This leads to more pain. The employer has been unable/unwilling to accommodate the provision not to reach overhead. She has had 2 sessions of work hardening, presumably a trial, although that documentation is not available. The physical exam reveals tenderness of the posterolateral aspect of the acromion and diminished shoulder range of motion. There is mild weakness of the shoulder girdle. An MRI of the right shoulder reveals a metacromion which is a process projecting backward and downward from the acromion of the scapula. The request is for 12 additional work hardening sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening for the right shoulder 3 times a week for 4 weeks for a total of 12 visits:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Work conditioning, work hardening.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Work conditioning, work hardening

Decision rationale: In this instance, the injured worker does not appear to have gone through the screening process for a work hardening program. Specifically, there is no documentation of a prior functional capacity evaluation or mental health screening as required by the Official Disability Guidelines. Concerning the trial she had, there is no provided summary of the patient's physical and functional activities performed in the program. Additionally, there is no specific notation of progress made as a consequence of the trial apart from the subjective improvement per the injured worker. In short, the necessary screening parameters necessary for admission into a work hardening program have not been provided for review. Therefore, the medical necessity for work hardening for the right shoulder 3 times a week for 4 weeks for a total of 12 visits has not been established. This request is not medically necessary.