MAXIMUS Federal Services

Case Number:	CM14-0082879		
Date Assigned:	07/21/2014	Date of Injury:	06/05/2013
Decision Date:	12/11/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/04/2014

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 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:

This 36-year-old right hand dominant assembler reported an injury of her right shoulder due to repetitively reaching into a box on a table, date of injury 3/5/13. Her current primary provider, an orthopedist, has followed her since at least November of 2013. Treatment during that time has Included Ibuprofen, Physical Therapy, Medications, and a single Steroid Injection to the right shoulder. She has remained at modified duty during the time period available for review (11/13 through 5/14). Several of the primary provider's notes document that the patient has had extensive therapy which has resulted in very little symptom improvement. His 5/2/14 progress note documents that the patient continues to have right shoulder pain, especially with repetitive use at and above shoulder level. Symptoms were relieved for about two weeks by the steroid injection which had been performed on 2/7/14. A 6/11/13 MRI of the right shoulder was normal except for a "Met acromion". The patient is concerned that return to her previous job would aggravate her condition. Exam findings include tenderness along the right posterior acromion, mildly limited right shoulder movement that is symmetric with the left side, negative impingement signs, normal strength, and slight crepitation with shoulder movement which is not accompanied by pain. Diagnoses include rotator cuff tendonitis and "Met acromion" of the right shoulder. Plan includes continuing ibuprofen and a request for authorization of physical therapy for work hardening. The included rationale includes a quotation from MTUS Chronic Pain, Physical Medicine which states that active therapy is based on the philosophy that therapeutic exercise and/or physical activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort; and that patients are instructed and expected to continue active therapies at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening for the R shoulder- 12 visits (3x/wk x 4 wks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning,Work Hardening.

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

Decision rationale: According to the reference cited above, the criteria for admission to a work hardening program include:(1) For work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level. An FCE may be required with an employer verified physical demands analysis (PDA).(2) After an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning.(3) No surgery or other treatments clearly warranted to improve function.(4) Minimum of 4 hours a day for three to five days a week.(5) A defined return to work goal agreed to by the employer & employee (6) the worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program).(7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit.(8) Work Hardening Programs should be completed in 4 weeks consecutively or less.(9) Treatment is not supported for longer than 1-2 weeks without evidence of significant gains.(10) Neither re-enrollment in, nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury.The clinical documentation in this case does not support the provision of work hardening to this patient. Her most recent exam findings document full strength and mildly limited range of motion of the right shoulder, which is equal to that of the left shoulder. It is not clear that she is unable to safely perform the demands of her job. There is no defined return to work goal agreed to by both the employer and the employee. It is not clear that the patient has functional and psychological limitations that are likely to improve with a work hardening program. The rationale given by the treating provider for the performance of work hardening is actually a rationale for the performance of physical therapy followed by home exercise, which the patient is presumably already performing. The provider has not specifically delineated any goal which would require the performance of work hardening rather than continued exercise at home.Based on the MTUS citation above and on the clinical documentation provided for my review, work hardening for the right shoulder, 3X per week for 4 weeks is not medically necessary. It is not medically necessary because the provider has not provided specific goals for work hardening that could not be accomplished by home exercise, and because the criteria for enrollment in a work hardening program have not been met, therefore, this request is not medically necessary.