MAXIMUS Federal Services

| Case Number: | CM14-0188925 | | |
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| Date Assigned: | 11/19/2014 | Date of Injury: | 04/27/2008 |
| Decision Date: | 01/07/2015 | UR Denial Date: | 10/23/2014 |
| Priority: | Standard | Application Received: | 11/12/2014 |

## 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 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 34 year old male with date of injury 04/27/08. The treating physician report dated 10/20/14 indicated that the patient presents with pain affecting the left shoulder. The physical examination findings reveal there is positive Neer's and Hawkins impingement sign. range of motion (ROM) of the shoulders shows forward flexion 180/160 degrees, abduction is 180/160 degrees, external rotation 90/70 degrees, strength of the shoulders shows scapular abduction grade 5/4+ and external rotation grade 5/4-. Prior treatment history includes cortisone injections and surgery on 1/15/14 for left shoulder arthroscopic debridement and glenoid labral tear. The current diagnoses are thoracic spine strain; left Shoulder Tendonitis status post arthroscopic surgery with debridement of the rotator cuff and glenoid labral tear, acromioplasty and distal clavicle resection; and T10-11 Disk Bulging. The utilization review report dated 10/23/14 denied the request for a GAD Arthrogram MRI of the left shoulder and work conditioning based off the lack of medical necessity per Official Disability Guidelines (ODG). 1.Thoracic Spine Strain2.Left Shoulder Tendonitis S/P arthroscopic surgery with debridement of the rotator cuff and glenoid labral tear, acromioplasty and distal clavicle resection3.T10-11 Disk BulgingThe utilization review report dated 10/23/14 denied the request for a GAD Arthrogram MRI of the left shoulder and work conditioning based off the lack of medical necessity per ODG.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**GAD Arthrogram MRI of the left shoulder:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRIs (Magnetic Resonance Imaging)

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

**Decision rationale:** The patient presents with left shoulder pain and the current request is for GAD Arthrogram MRI of the left shoulder. The Official Disability Guidelines (ODG) recommends MR arthrogram as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. In this case, the treating physician indicates that the patient has positive impingement sign and acute shoulder pain/trauma. The patient has recently had arthroscopic surgery with labral tear debridement and the treating physician is requesting MR Arthrogram to rule out re-tear. As such, this request is medically necessary.

**Work conditioning three times a week for four weeks to the left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines, Work Conditioning

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Conditioning

**Decision rationale:** The patient presents with left shoulder pain. The current request is for Work Conditioning three times a week for four weeks to the left shoulder. The MTUS guidelines, state "Recommended as an option, depending on the availability of quality programs. Criteria for admission to a Work Hardening Program: (1) 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). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). (2) After treatment with 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) Not a candidate where surgery or other treatments would clearly be warranted to improve function. (4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a 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: (a) A documented specific job to return to with job demands that exceed abilities, ORThe patient presents with left shoulder pain. The current request is for Work Conditioning three times a week for four weeks to the left shoulder. The MTUS guidelines, state "Recommended as an option, depending on the availability of quality programs. Criteria for admission to a Work Hardening Program: (1) 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). An FCE may be required

showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). (2) After treatment with 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) Not a candidate where surgery or other treatments would clearly be warranted to improve function. (4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a 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: (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training. (6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in 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) Program timelines: 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 patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. (10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. Official Disability Guidelines (ODG), Physical Medicine Guidelines - Work Conditioning, 10 visits over 8 weeks" The injured worker is having an MRI to look for structural abnormalities that may have been from or warrant a need of surgical intervention. CA MTUS does not recommend work conditioning if an injured worker is a candidate for surgery; therefore, the injured worker must be determined to not be a candidate for surgery before work conditioning can be considered. Therefore, this request is not medically necessary.