

Case Number:	CM14-0198530		
Date Assigned:	12/08/2014	Date of Injury:	10/11/2012
Decision Date:	01/27/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/25/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 11, 2012. In a Utilization Review Report dated November 14, 2014, the claims administrator failed to approve a request for 12 sessions of work hardening. The claims administrator stated that the applicant was more than two years removed from the date of injury and did not have a clearly defined return-to-work goal. A November 3, 2014 progress note was invoked in the denial. On said November 3, 2014 progress note, the applicant reported ongoing complaints of shoulder pain. The applicant was given a home exercise program. 160 degrees of shoulder abduction and flexion were appreciated. The applicant was asked to pursue work hardening. The applicant was placed off of work, on total temporary disability, until the next office visit. On September 14, 2014, the applicant again reported ongoing complaints of shoulder pain secondary to adhesive capsulitis. The applicant was asked to remain off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening to The Left Shoulder 2 Times a Week for 6 Weeks: 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), Work Conditioning

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125.

Decision rationale: As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of work hardening program is evidence that an applicant has a clearly defined return-to-work goal agreed upon by both the applicant and employer, with a documented specific job to return to with job demands that exceed current abilities. An applicant, furthermore, per page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, should be no more than two years removed from the date of injury. Here, the applicant was approximately two years removed from the date of injury as of the date work hardening was sought. It did not appear that the applicant had a job to return to. It did not appear that the applicant was intent on returning to the workplace and/or workforce, as evinced by multiple proclamations from the attending provider that the applicant would remain off of work, on total temporary disability. Furthermore, the attending provider did not outline what physical impairments and/or physical deficits were present which would preclude the applicant's returning to work did he in fact desire to do so. Therefore, the request is not medically necessary.