MAXIMUS Federal Services

Case Number:	CM14-0205314		
Date Assigned:	12/17/2014	Date of Injury:	01/08/2013
Decision Date:	02/06/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/08/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 56-year-old male who has submitted a claim for supraspinatus sprain and bilateral shoulder impingement syndrome status post repair associated with an industrial injury date of January 8, 2013.Medical records from 2014 were reviewed. The patient injured both his shoulders while he was loading five-gallon paint buckets. The patient is currently working as a painter and is having difficulty with overhead activities. He likewise has to carry equipment such as scaffolding and ladders. He understands that there are no accommodations in his work as a painter which may lead to his job termination. He is complaining of persistent bilateral shoulder pain. Physical examination of both shoulders showed normal range of motion and weakness of shoulder flexor and abductor. Reflexes were equal and active. There was no evidence of impingement syndrome. Treatment to date has included shoulder arthroscopy and repair of the rotator cuff of the right on 4/12/13, left shoulder repair on 1/10/14, 24 sessions of physical therapy to the right shoulder, 48 physical therapy visits to the left shoulder, and medications. The utilization review from November 18, 2014 denied the request for work hardening two times a week x 3 weeks for the left shoulder because of no documented functional capacity evaluation in the records submitted. There is also no clear documentation that the patient is no longer a surgical candidate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening 2 times a week for 3 weeks, left shoulder: Overturned

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

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

Decision rationale: According to page 125 of the CA MTUS Chronic Pain Medical Treatment Guidelines, work conditioning is recommended as an option depending on the availability of quality programs. Criteria for admission to a work hardening program include work-related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands; after treatment with an adequate trial of physical therapy with improvement followed by plateau; not a candidate where other treatments would be warranted; worker must not be more than 2 years past injury date; a defined return to work goal; and the program should be completed in 4 weeks. ODG Physical Medicine Guidelines recommend 10 visits over 8 weeks for work conditioning. In this case, the patient injured both his shoulders while he was loading five-gallon paint buckets. He is complaining of persistent bilateral shoulder pain. Physical examination of both shoulders showed normal range of motion and weakness of shoulder flexor and abductor. Reflexes were equal and active. There was no evidence of impingement syndrome. Treatment to date has included left shoulder repair on 1/10/14, medications and 48 physical therapy visits. The patient is currently working as a painter and is having difficulty with overhead activities. He likewise has to carry equipment such as scaffolding and ladders. He understands that there are no accommodations in his work as a painter which may lead to his job termination. The medical necessity for a work hardening program has been established given the patient's functional limitations precluding him from performing his job as a painter. Therefore, the request for work hardening 2 times a week for 3 weeks, left shoulder is medically necessary.