

Case Number:	CM14-0087151		
Date Assigned:	07/23/2014	Date of Injury:	11/14/2012
Decision Date:	03/24/2015	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 51 year old female with an industrial injury dated 11/14/2012. Her diagnoses include left shoulder rotator cuff tear, left knee medial meniscus tear, and left knee osteoarthritis. Diagnostic testing has included a MRI of the right shoulder (01/24/2013) showing moderately severe synovitis with capsular hypertrophy, fluid and bone marrow edema within the acromioclavicular joint level. She has been treated with left shoulder arthroscopic surgery (12/06/2013), left knee arthroscopic surgery (04/19/2013), 24 post-op physical therapy, and medications. In a progress note dated 05/05/2014, the treating physician reports continued weakness in the left shoulder, and achiness stiffness and pain in the left knee, and pain with ascending and descending stairs. The objective examination revealed full range of motion in the left shoulder with a muscle testing of 4/5, and patellofemoral crepitation in the left knee with full range of motion and muscle testing of 4/5. The treating physician is requesting work conditioning for the left shoulder and left knee which was denied by the utilization review. On 05/14/2014, Utilization Review non-certified a request for work conditioning times 12 for the left shoulder and left knee, noting that the injured worker had full range of motion, good strength, and had returned to work full duty without restrictions. The MTUS ACOEM and ODG Guidelines were cited. On 06/10/2014, the injured worker submitted an application for IMR for review of work conditioning times 12 for the left shoulder and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Conditioning x 12 for the Left Shoulder and Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Program. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Conditioning

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

Decision rationale: According to MTUS guidelines a work hardening program is appropriate if: "(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." According to the records reviewed it appears that this injury was more than 2 years ago, she has already been returned to work, there does not appear to be record of screening including likelihood of success, nor is there a defined return to work goal stated in the provided records. Additionally, it appears that the patient has already returned to work and has full strength and ROM on exam, suggesting that the program may have limited effective benefit beyond what has already been accomplished in the recent 24 sessions of PT. Considering the above guidelines and records, I do not recommend work hardening as been medically necessary at this time.