MAXIMUS Federal Services

Case Number:	CM15-0000721		
Date Assigned:	01/12/2015	Date of Injury:	05/14/2012
Decision Date:	03/13/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	01/02/2015

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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 69 year old male, who sustained an industrial injury on May 14, 2012. The diagnoses have included aftercare for surgery of the musculoskeletal system (right shoulder), partial tear of rotator cuff tendon and bursitis and tendinitis of the shoulder. Treatment to date has included eight sessions of work hardening, surgery right shoulder, date and surgery performed not documented.Currently, the IW complains of intermittent right shoulder pain described as sharp and burning aggravated by overuse and laying on his right side, the pain radiates into left shoulder blade. The physician documented on November 18, 2014 that the functional improvement is shown by increased activities of daily living from prior examination, the ability to work in his yard, kick a soccer ball, and walk for thirty minutes on a treadmill every other day and decreased visual analog scale rating from 4.0 to 3.0.On December 1, 2014 Utilization Review non-certified additional work hardening two times a week for five weeks to right shoulder, noting Medical treatment utilization schedule (MTUS) guidelines was cited. On November 24, 2014, the injured worker submitted an application for IMR for review of additional work hardening two times a week for five weeks to right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional work hardening x10 for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines work conditioning, work hardening Page(s): 125-126.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening/Conditioning Page(s): 125-126.

Decision rationale: The patient presents with pain affecting the right shoulder. The current request is for Additional work hardening x10 for the right shoulder. The treating physician report dated 11/18/14 states: (The patient) has completed 8 work hardening sessions to date and has shown functional improvement as detailed below. I am requesting 10 more sessions of work hardening. MTUS guidelines has the following 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. The patient was released to work on 11/18/14 with restrictions, including no overhead work and no lifting greater than 10 pounds. In this case, there is documented functional improvement from previous work hardening/conditioning such as the ability to work in his yard, kick a soccer ball, and walk for 30 minutes on a treadmill every day. Furthermore, the patient s pain levels have decreased from 4/10 to 3/10 on the VAS scale. However, the current request for 10 additional sessions of work hardening is not supported by MTUS as the patient has completed 8 sessions and the maximum number is 10 visits over 8 weeks. The current request is not medically necessary and the recommendation is for denial.