

Case Number:	CM15-0002905		
Date Assigned:	01/13/2015	Date of Injury:	07/18/2013
Decision Date:	03/11/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/06/2015

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

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52 year old male sustained a work related injury on 07/18/2013. The injury occurred while working as a journeyman and wireman. He was on his hands and knees installing electrical conduits and a couple of plumbers were test-fitting a pipe above him and accidentally dropped it on his back, head and neck. He was shocked for a few seconds and the next morning he could not move his right arm and he had a migraine. According to an office visit dated 12/17/2014, the injured worker was seen for neck pain, lower backache and right shoulder pain. Quality of sleep was fair. He was not trying any other therapies for pain relief. His activity level had increased. Medication regimen included Imitrex, Amlodipine, Ibuprofen, Levoxyl, Lisinopril and Vicodin. Diagnoses included cervical facet syndrome, cervical spondylosis, shoulder pain, low back pain, occipital neuralgia and headache/facial pain. On 07/23/2014 the injured worker underwent right subacromial decompression and distal clavicle resection. He only had physical therapy for the right shoulder and no treatment for the neck or low back. His headaches had not been further evaluated or treated. The injured worker had regained range of motion in the right shoulder but there was pain with movement and most of his work was overhead. Modified duty included no lifting greater than 10 pounds. The injured worker was limited to use the affected extremity overhead occasionally and was limited to occasional repetitive neck motions. If modified duty was unavailable then he would be administratively be on totally temporarily disabled status. On 12/29/2014, Utilization Review non-certified 9 work hardening sessions for the right shoulder. According to the Utilization Review physician there were no functional deficits of the right shoulder that require work hardening. There was no specific job noted in medical reports to

establish a defined return to work goal. It was unclear if the employee has maximized post-operative physical therapy. Guidelines referenced included CA MTUS Chronic Pain Medical Treatment Guidelines, Work Conditioning, Work Hardening. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 work hardening sessions for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for admission to a Work Hardening Program Page(s): 125-12.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x Chronic Pain Medical Treatment Guidelines 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) P.

Decision rationale: Regarding the request for Work hardening, Chronic Pain Medical Treatment Guidelines state that work conditioning may be an option when functional limitations preclude the ability to safely achieve current job demands which are in the medium or higher demand level (not sedentary work). A functional capacity evaluation may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis. After treatment with an adequate trial of physical therapy or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy or general conditioning. Additionally, the patient must have achieved sufficient recovery to allow for a minimum of 4 hours a day 3 to 5 days per week as well as having a defined return to work goal agreed to by the employer and employee. Guidelines support up to 10 work conditioning sessions. Within the documentation available for review, there is no indication that the patient has reached maximum improvement with physical therapy and plateaued despite ongoing home exercise. Additionally, it is unclear whether the patient has been using a home exercise program with resistance which has been modified if it has been determined to be ineffective. Finally, it is unclear exactly what the patient's job demands are, and what the specific remaining deficits are that limit his ability to accomplish those demands. In the absence of clarity regarding those issues, the currently requested work conditioning is not medically necessary.