

Case Number:	CM15-0004771		
Date Assigned:	01/16/2015	Date of Injury:	04/18/2012
Decision Date:	03/12/2015	UR Denial Date:	01/01/2015
Priority:	Standard	Application Received:	01/09/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 40 year old male with an industrial injury dated 04/18/2012. His diagnoses include left glenoid labral lesion (SLAP tear) status post repair. Recent diagnostic testing has included XXXX. The injured worker underwent left shoulder surgery on 06/04/2014. He has been treated with a home exercise program for which the injured worker was noted to be independent, post-op physical therapy and a work conditioning program for several months. In a progress note dated 11/14/2014, the treating physician reports left shoulder pain and limited strength, and right knee pain despite treatment. The objective examination revealed EPIC Lift Test: knuckle to shoulder 60 pounds occasionally, and inability to test floor to waist due to right knee pain, decreased grip strength on the left, and decreased shoulder strength on the left. The treating physician is requesting additional work hardening sessions which were denied by the utilization review. On 12/31/2014, Utilization Review non-certified a request for 9 work hardening visits for the left shoulder, 3 visits per week for 3 weeks, noting the absence of re-enrollment or repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. The MTUS was cited. On 01/09/2015, the injured worker submitted an application for IMR for review of work hardening add on.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 Work Hardening Visits for The Left Shoulder, 3 Visits Per Week for 3 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work hardening Page(s): 125. Decision based on Non-MTUS Citation Pain section, Work hardening/work conditioning

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 9 work hardening visits to the left shoulder three times per week times three weeks are not medically necessary. Work conditioning/work hardening is recommended, depending upon availability of quality programs, and should be specific for the job the individual is going to return to. The criteria for admission to a work program include, but are not limited to, the worker must be no more than two years past the date of injury- workers that have not returned to work by two years post injury generally do not improve from intensive work hardening programs; a valid functional capacity evaluation should be performed, administered and interpreted by a licensed medical professional; previous physical therapy should be documented-there is evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by Plateau, with evidence of no likely benefit from continuation of this previous; the patient is not a candidate for surgery, injections or other treatments would clearly be warranted to improve function; a specific defined return to work goal or job has been established, indicated and documented; treatment is not supported for longer than 1 to 2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective improvement in functional ability; etc. In this case, the injured worker's working diagnoses and prior surgeries are left shoulder arthroscopy, Bankart repair, SLAP repair, SAD, distal clavicle excision on 6/4/2014. The date of injury is April 18, 2012. On October 6, 2014 injured worker was authorized for 10 work conditioning visits. On December 11, 2014 the injured worker underwent a functional capacity evaluation. There was no discussion or plan documented in the report. Subjectively, there are no complaints documented in the record. Objectively, distal neurovascular exam was grossly intact. There is slight tenderness in the anterior aspect of the shoulder. The documentation did not contain evidence of objective functional movement associated with the work-conditioning program. The documentation indicates the date of injury is greater than two years prior to the start of the request for the work hardening program and left shoulder. The documentation did not contain evidence of objective functional improvement or failure of the prior physical therapy rendered during the work-conditioning program. The documentation does not indicate the injured worker and adequate trial of active physical therapy with improvement followed by a plateau with no evidence of benefit from continued physical therapy. Consequently, absent clinical documentation with objective functional improvement in physical therapy outcomes in conjunction with the date of injury being greater than two years, 9 work hardening visits to the left shoulder three times per week for three weeks are not medically necessary.