

Case Number:	CM15-0100787		
Date Assigned:	06/03/2015	Date of Injury:	02/19/2014
Decision Date:	07/01/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/26/2015

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: Massachusetts

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:

The injured worker is a 50 year old, female who sustained a work related injury on 2/19/14. She tripped over a cord and fell onto her arms. The diagnoses have included close fracture of surgical neck of humerus, pain in shoulder joint and complete rupture of rotator cuff. Treatments have included left shoulder surgery, physical therapy, use of H-Wave unit, medications, heat/cold therapy, TENS unit therapy, home exercises and myofascial release. In the Orthopedic Re-Evaluation dated 3/13/15, the injured worker complains of continued left shoulder pain. She rates her pain level a 2-4/10. The pain is aggravated by overhead reaching and repetitive movements. She has some decreased range of motion in left shoulder. The treatment plan includes a recommendation for work hardening physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening, 3 x weekly x 2 weeks, left shoulder, per 03/13/15 order Qty: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Page(s): 125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening, p125.

Decision rationale: The claimant sustained a work injury in February 2014 and continues to be treated for left shoulder pain. When seen, she had completed physical therapy two weeks before. She was working without restrictions. There was mild discomfort with shoulder range of motion. The purpose of work hardening is to prepare a worker who has functional limitations that preclude the ability to return to work at a medium or higher demand level. In this case, the claimant is already working without restrictions. Work hardening is not medically necessary.