

Case Number:	CM15-0102009		
Date Assigned:	06/04/2015	Date of Injury:	12/12/2013
Decision Date:	07/02/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/27/2015

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

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 21 year old male, who sustained an industrial injury on December 12, 2013. He reported feeling a pop and pain in his right shoulder. The injured worker was diagnosed as having a left shoulder partial thickness bursal sided rotator cuff tear and status post left shoulder arthroscopy with debridement and a subacromial decompression. Diagnostic studies to date have included an MRI of the left shoulder, which revealed a partial thickness bursal-sided rotator cuff tear. Treatment to date has included pre-operative and post-operative physical therapy, work modifications, ice, heat, pre-operative right shoulder injections, and medications. On April 22, 2015, the injured worker complains of aching and stabbing pain of the left shoulder, which is rated 4/10. Rest and medication help the pain. The physical exam revealed mildly decreased left shoulder range of motion. The sensory, motor strength and deep tendon reflexes exams were normal. The treating physician noted significant improvement in physical therapy and regaining his range of motion, and he is now working on strength training. The treatment plan includes 8 sessions of a work hardening program for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening/conditioning (2x4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines-Physical Medicine Guidelines-Work Conditioning.

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

Decision rationale: The patient has received a significant amount of conservative treatment including therapy for this chronic injury. There are no documented limitations in current ADLs or specific clinical findings identifying deficits to be addressed nor has previous treatment rendered functional improvement. Current medical status remains unchanged and there is no medical report to address any specific inability to perform the physical demands of the job duties or to identify for objective gains and measurable improvement in functional abilities. Medical necessity for Work hardening program has not been established as guidelines criteria include functional limitations precluding ability to safely achieve current job demands; plateaued condition unlikely to benefit from continued physical, occupational therapy, or general conditioning; patient is not a candidate where surgery or other treatments would clearly be warranted to improve function; 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; identified defined return to work goal agreed to by the employer & employee with documented specific job to return to with job demands that exceed abilities; none demonstrated here. Additionally, 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. 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. It appears conservative treatments have not been exhausted nor is there any notation of specific impairment, hindering the patient from returning to some form of modified work. In fact, the patient was noted to be working full duties without restrictions or limitations. There are also no documented limitations in current ADLs or specific clinical findings except for generalized pain and tenderness without consistent dermatomal or myotomal deficits to address specific inability to perform the physical demands of the job duties or to identify for objective gains and measurable improvement in functional abilities. The Work hardening/conditioning (2x4) is not medically necessary and appropriate.