

Case Number:	CM15-0102964		
Date Assigned:	06/05/2015	Date of Injury:	10/17/2013
Decision Date:	07/07/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/28/2015

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 52 year old male, who sustained an industrial injury on 10/17/2013. The current diagnosis is status post rotator cuff repair on the left. According to the progress report dated 4/7/2015, the injured worker is approximately six months post-operative cuff repair to the left shoulder. He has continued to improve, but slowly. He has continued to regain his motion and strength on his own. He notes that since he has been away from therapy his arm had become somewhat stiff. The physical examination of the left shoulder reveals forward flexion and abduction 150 degrees, internal rotation is 80 degrees, and external rotation is 60 degrees. Motor exam is 4/5. There is still slight weakness noted. The current medication list is not available for review. Treatment to date has included medication management, MRI studies, physical therapy, home exercise program, and surgical intervention. The plan of care includes 12 work hardening (PT) sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening (PT) for 12 sessions (2 times 6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening, p 125 Page(s): 125.

Decision rationale: The claimant sustained a work-related injury in October 2013 while working as a deputy probation officer. He underwent a left rotator cuff repair. When seen, he was 6 months status post surgery. He was improving slowly. He had stiffness after completing formal physical therapy. There was decreased range of motion and weakness. The purpose of work conditioning/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. Participation is expected for a minimum of 4 hours a day for three to five days a week with treatment for longer than 1-2 weeks if there is evidence of patient compliance and demonstrated significant gains. In this case, work conditioning is not appropriate for this claimant. His job would not require a medium PDL capacity. The request cannot be considered as medically necessary.