MAXIMUS Federal Services

Case Number:	CM15-0109611		
Date Assigned:	06/09/2015	Date of Injury:	10/26/2012
Decision Date:	07/09/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/15/2015

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 was a 54-year-old male, who sustained an industrial injury, October 26, 2012. The injured worker previously received the following treatments right degenerative joint disease and status post right shoulder total replacement. The injured worker was diagnosed with status post right shoulder total replacement. According to progress note of March 11, 2015, the injured workers chief complaint was right shoulder pain. The injured worker reported improvement, but was still having some weakness. The physical exam noted no significant deltoid atrophy. There was no evidence of scapula-thoracic dyskinesia or winging of the scapula. The Hawkin's and Neer's tests were negative. The cross arm adduction test was negative. The motor strength testing of the supraspinatus, external rotators and subscapularis revealed 5 out of 5 strength throughout, with no associated pain. The Speed's test, O'Brien's test, Yergason's test, apprehension, relocation, and posterior axial load tests were all negative. The range of motion was forward flexion was 175 degrees, external rotation was 90 degrees internal rotation was to T6 and abduction was 175 degrees. The treatment plan included work hardening and conditioning program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning program three (3) times a week over four (4) weeks Qty: 12.00: 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, p125 Page(s): 125.

Decision rationale: The claimant sustained a work injury in October 2012 and underwent a right shoulder arthroplasty. When seen, he was approximately status post surgery and was doing well. He was continuing to improve with physical therapy. Physical examination findings included decreased shoulder range of motion and rotator cuff strength. Authorization for work conditioning three times per week was requested. 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. Criteria for a work-conditioning program include completion of an adequate trial of therapy with improvement followed by plateau. In this case, the claimant is continuing to improve with physical therapy and has not reached a plateau with the treatments being provided. The requested Work Conditioning Program is not medically necessary at this time.