

Case Number:	CM15-0141722		
Date Assigned:	07/31/2015	Date of Injury:	07/14/2014
Decision Date:	09/28/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/21/2015

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 34 year old male, who sustained an industrial injury on 7-14-2014. He reported injury to the left shoulder from pushing heavy merchandise. Diagnoses include left shoulder labral tear, status post surgery on 12-18-14. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, he complained of ongoing left shoulder pain with radiation down left upper extremity associated with numbness and tingling in the fingers of the left hand. On 6-22-15, the physical examination documented decreased strength and range of motion of the left shoulder. The plan of care included a request to authorize six 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 program 5 sessions for left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Medicine Chapter, under Work Conditioning.

Decision rationale: Based on the 6/22/15 progress report provided by the treating physician, this patient presents with left shoulder pain with numbness/tingling in 4th and 5th fingers of the left hand, and occasional "lightning shooting down the arm causing a twitch." The treater has asked for WORK HARDENING PROGRAM 5 SESSIONS FOR LEFT SHOULDER on 6/22/15 "to assist in reconditioning to left shoulder..for education, counseling, evaluation of home exercise program, therapeutic techniques to decrease pain, inflammation and restore function." The request for authorization was not included in provided reports. The patient's pain has been good at rest but it gets higher when he elevates his arm per 6/22/15 report. The patient is s/p left shoulder subacromial decompression from 12/18/14, per 6/22/15 report. The patient has not gone to a work hardening program before according to a review of reports. The patients work status is "modified duty through 7/26/15" per 6/22/15 report. MTUS Work conditioning, work hardening section, page 125-126: Recommended as an option, depending on the availability of quality programs. Criteria for admission to a Work Hardening Program: (1) Work related musculo-skeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). (2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning. (3) Not a candidate where surgery or other treatments would clearly be warranted to improve function. (4) 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. (5) A defined return to work goal agreed to by the employer & employee: (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training. (6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. (7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit. (8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less. (9) 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. (10) 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. ODG Guidelines, Physical Medicine, under Work Conditioning: 10 visits over 8 weeks. See also Physical medicine for general guidelines. And, as with all physical medicine programs, Work Conditioning participation does not preclude concurrently being at work. Treater has not provided reason for the request. In this case, the treater does not state if the current request for work conditioning is related to this job or to a new one. In addition, treater has not discussed the results of the screening process, required prior to consideration for work conditioning. There is no discussion regarding a job that the patient is able to return to, no discussion regarding the patient's ability to tolerate 4 hours of participation a day, etc. According to the criteria listed in MTUS guidelines, the requested work hardening sessions are not indicated for patient's condition at this time. The request IS NOT medically necessary.

