

Case Number:	CM15-0163677		
Date Assigned:	08/31/2015	Date of Injury:	08/30/2013
Decision Date:	10/05/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/20/2015

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: Emergency Medicine

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 35 year old male, who sustained an industrial injury 08-30-2013 secondary straining right shoulder while installing dry wall resulting in right shoulder injury. On provider visit dated 07-10-2015 the injured worker has reported right shoulder pain. On examination the right shoulder revealed stress pain with range of motion, tenderness was noted over the bicipital tendon on the right. The diagnoses have included pain in limb and enthesopathy-site NOS and rule out re-dehiscence of repair right shoulder rotator cuff revision. Treatment to date has included medication. The provider requested work hardening, right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125.

Decision rationale: As per MTUS Chronic pain guidelines, Work conditioning may be considered under specific criteria. Due to lack of documentation, pt fails multiple criteria. Basic criteria that is especially noted, is that criteria requires an adequate trial of physical therapy/occupational therapy with a plateau that is not likely to improved with continued therapy. Pt has had unknown number of sessions of PT. There is no other documentation of physical therapy or proper pain control prior to request. There is no documentation or description of patient's job requirement and what the end goal of Work Hardening is and how patient will benefit from it compared to additional PT. Work conditioning is not medically necessary.