

Case Number:	CM15-0182355		
Date Assigned:	09/23/2015	Date of Injury:	01/22/2013
Decision Date:	11/03/2015	UR Denial Date:	09/12/2015
Priority:	Standard	Application Received:	09/16/2015

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: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 51-year-old female worker with a date of injury 1-22-2013. The medical records indicated the injured worker was treated for fully resolving impingement syndrome, right shoulder. In the 8-28-15 progress notes, the injured worker reported right shoulder pain, which was improved since arthroscopic surgery 5-11-15. Medication was Ibuprofen. Objective findings on 8-28-15 right shoulder range of motion (in degrees) was flexion 150, abduction 150, external rotation 70 (in abdomen position), external rotation (at side) 60, and internal rotation (behind back) T10. Stability tests were negative and labrum exam was negative. Impingement tests were negative. There was tenderness at the subacromial bursa. Scapular abduction and external rotation strength was 4 out of 5. Sensory exam and reflexes were normal. Treatments included medications, arthroscopic surgery and physical therapy. The treatment plan included work hardening sessions to transition the injured worker from modified duty to regular work. A Request for Authorization was received for 12 work-conditioning sessions. The Utilization Review on 9-12-15 non-certified the request for 12 work-conditioning sessions per ODG Physical Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 work-conditioning sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

Decision rationale: Per the MTUS guidelines recommendation on work conditioning, work hardening, criteria for admission includes the following, (1) Work related musculoskeletal 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). In this case, the injured worker's work is noted to be clerical. In addition, the medical records do not establish red flags that would preclude the injured worker from participating in an independent home exercise program to address any remaining deficits. The medical records note that the injured worker has participated in postoperative physical therapy treatments. Furthermore, another criterion is that the worker must be no more than 2 years past date of injury. In this case, the injury occurred in January 2013. Given these factors, the request for 12 work-conditioning sessions is not medically necessary and appropriate.