

Case Number:	CM15-0182461		
Date Assigned:	09/23/2015	Date of Injury:	08/29/2014
Decision Date:	10/28/2015	UR Denial Date:	08/20/2015
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: 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 54 year old female, who sustained an industrial injury on 8-29-2014. The injured worker was diagnosed as having status post shoulder arthroscopy. Treatment to date has included diagnostics, surgical intervention (left shoulder rotator cuff repair and acromioplasty with debridement of labrum 2-26-2015), physical therapy, and medications. Per the Work Capacity Evaluation (7-09-2015), the injured worker's work capacity results noted "moderate" biomechanical limb coordination deficiencies, "severe" psychosocial and chronic pain overlays, and "mild" motivational interferences. Her medication use was documented to include Vicodin (one half tablet approximately 3 times per week) and Flexeril daily, to control her pain reactions. Work treatment recommendations were to advance modified duty to safe capabilities. Therapy note (visit #24 dated 7-17-2015) noted progress as "much better". Objective findings regarding the left shoulder noted flexion 170 degrees, abduction 160 degrees, external rotation at 90 degrees, and internal rotation to 90 degrees. It was documented she was able to perform more activities of daily living but continued to have mild limitations until left shoulder strength increased to be equal to contralateral side. She "attained most goals set in physical rehab and is independent with HEP and self-care at this time". The current treatment plan included 10 work hardening sessions (4 hours per session) to improve shoulder strength and endurance, non-certified by Utilization Review on 8-20-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 work hardening sessions (4 hours per session): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines-Work Conditioning.

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

Decision rationale: As per MTUS Chronic Guidelines, Work hardening may be considered for work related musculoskeletal conditions that limit ability to perform work. Multiple criteria must be met and documented before it can be recommended. Provider has failed to adequately document criteria needed for approval. More specifically, there needs to be documentation that surgery and other interventions cannot improve functional status and work goals specifically agreed upon by employer and employee. Documentation claims that patient still has ongoing conservative therapy ongoing and that patient is improving. Without any of these criteria met, work hardening is not medically necessary.