Case Number:	CM15-0188029		
Date Assigned:	09/29/2015	Date of Injury:	12/08/2010
Decision Date:	11/09/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/24/2015

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: Preventive Medicine, Occupational 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:

This is a 48 year old female with a date of injury of December 8, 2010. A review of the medical records indicates that the injured worker is undergoing treatment for status post left shoulder arthroscopic rotator cuff repair (May 21, 2015), right shoulder subacromial impingement syndrome and rotator cuff tendinosis, and slight right shoulder acromioclavicular degenerative arthritis. Medical records dated July 22, 2015 indicate that the injured worker complains of increasing right shoulder pain, neck pain, and back pain. Records also indicate improved strength, motion, and use of the left shoulder following surgery and physical therapy. A progress note dated September 4, 2015 notes subjective complaints of sleep disturbances due to shoulder pain more with the right than left. Per the treating physician (September 4, 2015), the employee has returned to work under modified conditions. The physical exam dated July 22, 2015 reveals decreased range of motion of the bilateral shoulders (Right: forward flexion of 150 degrees, abduction of 150 degrees, external rotation of 90 degrees, internal rotation of 60 degrees, extension of 50 degrees, adduction of 40 degrees; Left: forward flexion of 120 degrees, abduction of 120 degrees, external rotation of 80 degrees, internal rotation of 70 degrees, extension of 40 degrees, adduction of 30 degrees), decreased tenderness to palpation of the left shoulder, minimal left shoulder swelling, and increased left shoulder flexion and abduction strength. The progress note dated September 4, 2015 documented a physical examination that showed decreased range of motion of the bilateral shoulders (Right: forward flexion of 120 degrees, abduction of 85 degrees, external rotation of 80 degrees, internal rotation of 25 degrees, extension of 35 degrees, adduction of 30 degrees; Left: forward flexion of 130 degrees,

abduction of 90 degrees, external rotation of 80 degrees, internal rotation of 70 degrees, extension of 35 degrees, adduction of 30 degrees), decreased tenderness to palpation around the left shoulder, diffuse tenderness to palpation around the right shoulder, decreased strength of the bilateral shoulders, positive Hawkins bilaterally, and positive empty-can sign on the right. Treatment has included at least twenty sessions of postoperative physical therapy for the left shoulder, cortisone injection for the right shoulder, and Ibuprofen for pain. The original utilization review (September 21, 2015) non-certified a request for eight sessions of a work hardening program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening program 2 times per week for 4 weeks Qty: 8.00: 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: MTUS Guidelines have very specific criteria to justify the use of a formal work hardening program. These criteria include a written agreement between the employer and employee regarding anticipated future job tasks and goal to reach these. They also include some level of pre-screening in an attempt to gauge the suitability of such a program i.e. maximum effort given and level of motivation. These Guideline criteria have not been met and there are no unusual circumstances to justify an exception to Guidelines. The Work hardening program 2 times per week for 4 weeks Qty: 8.00 is not medically necessary.