

Case Number:	CM15-0188338		
Date Assigned:	09/30/2015	Date of Injury:	09/03/2013
Decision Date:	11/16/2015	UR Denial Date:	08/26/2015
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, North Carolina
 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 37 year old male with a date of injury of September 3, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for partial tear of the rotator cuff tendon of the right shoulder. The injured worker underwent right shoulder arthroscopy with synovectomy and debridement of the labrum and rotator cuff on May 14, 2015. Medical records dated June 8, 2015 indicate that the injured worker complains of frequent, moderate pain of the right shoulder described as sharp and throbbing. A progress note dated August 17, 2015 notes subjective complaints similar to those reported on June 8, 2015. Per the treating physician (August 17), the employee has not returned to work. The physical exam dated June 8, 2015 reveals 3+ spasms and tenderness to the right rotator cuff muscles and tight upper shoulder muscles, positive Codman's test on the right, positive Speeds test on the right, and positive supraspinatus test on the right. The progress note dated August 17, 2015 documented a physical examination that showed +1 spasms and tenderness to the right rotator cuff muscles and right upper shoulder muscles. The remainder of the examination was unchanged from the exam conducted on June 8, 2015. Treatment has included right shoulder surgery and twelve sessions of postoperative physical therapy for the right shoulder. The original utilization review (August 26, 2015) non-certified a request for ten sessions of a work hardening or conditioning program for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening/Conditioning for Right Shoulder: 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): Functional restoration programs (FRPs).

Decision rationale: The request is for a work hardening/conditioning program for the right shoulder. The patient is status post right shoulder arthroscopy and post-operative physical therapy (PT). In this case, there is no functional capacity evaluation (FCE) in the records submitted to assess current deficits and job requirements. An FCE is required to determine the necessity of a work program. The claimant has persistent shoulder pain with deficits on physical examination. Post-operative PT has failed. There are no psychological factors noted that are interfering with recovery. This request does not meet the criteria for a work hardening program, therefore is not medically necessary or appropriate.