

Case Number:	CM15-0190295		
Date Assigned:	10/02/2015	Date of Injury:	10/08/2013
Decision Date:	11/09/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/28/2015

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: Physical Medicine & Rehabilitation

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 injured worker is a 44 year old male who reported an industrial injury on 10-8-2013. His diagnoses, and or impressions, were noted to include disorders of bursae and tendons in shoulder region; left rotator cuff syndrome, status-post surgical repair x 2; and opioid dependence. No current imaging studies were noted. His treatments were noted to include an agreed medical-legal evaluation (7-1-2015); a functional restoration program, with an additional 80 hours; medication management; and rest from work. The functional restoration program weekly report of 8-14-2015 noted complaints of frequent, mild left shoulder pain, rated 5-6 out of 10, with radiation to the left arm, associated with tingling and weakness in the left shoulder, and weakness in both arms, and that increased with exercising; and that he struggled with functional limitations with activities of daily living due to pain. The objective findings were noted to include no acute distress; tenderness over the left superior trapezius and levator scapulae, as well as over the posterior aspect of the left shoulder; and decreased left shoulder strength upon flexion and abduction. The physician's requests for treatment was not noted to include a request for 50 additional hours (10 days) of his hard work program; this request was not noted in any medical records provided for my review. The Request for Authorization, dated 8-18-2015, was for functional restoration program, 10 additional days (50 hours). The Utilization Review of 8-25-2015 non-certified the request for 50 additional hours (10 days) of his 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 additional 50 hours (10 days): 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: The patient has received a significant amount of conservative treatment including a functional restoration program with an additional 80 hours for this chronic 2013 injury. There are no documented specific limitations in current ADLs or specific clinical findings identifying deficits to be addressed nor has previous treatment rendered functional improvement. Current medical status remains unchanged and there is no medical report to address any specific inability to perform the physical demands of the job duties or to identify for objective gains and measurable improvement in functional abilities. Medical necessity for Work hardening program has not been established as guidelines criteria include functional limitations precluding ability to safely achieve current job demands; plateaued condition unlikely to benefit from continued physical, occupational therapy, or general conditioning; patient is not a candidate where surgery or other treatments would clearly be warranted to improve function; Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week; identified defined return to work goal agreed to by the employer & employee with documented specific job to return to with job demands that exceed abilities; and the worker must be no more than 2 years past date of injury as no benefit has been shown if the patient has not returned to some form of work; not demonstrated here. Additionally, treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. It appears conservative treatments have not been exhausted nor is there any notation of specific impairment, hindering the patient from returning to some form of modified work. There are also no documented specific clinical findings except for generalized pain and tenderness without consistent dermatomal or myotomal deficits to address specific inability to perform the physical demands of the job duties or to identify for objective gains and measurable improvement in functional abilities. The Work hardening additional 50 hours (10 days) is not medically necessary and appropriate.