

Case Number:	CM15-0206403		
Date Assigned:	10/23/2015	Date of Injury:	05/29/2013
Decision Date:	12/11/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/21/2015

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:

The injured worker is a 55 year old male, who sustained an industrial injury on May 29, 2013, incurring right shoulder injuries. He was diagnosed with a right shoulder rotator cuff tear and biceps tendon disruption. Treatment included pain medications, anti-inflammatory drugs, steroid injections, physical therapy and home exercise program, and activity restrictions and modifications. He continued with shoulder pain, muscle spasms, trigger points and crepitus with painful limited range of motion. The injured worker underwent an arthroscopy distal claviclectomy of the right shoulder, decompression with acromioplasty and rotator cuff repair. Currently, five months post-operatively, the injured worker continued to have right shoulder pain and tenderness in the shoulder joint. He rated his pain 8 out of 10 on a pain scale from 0 to 10, particularly with reaching motions and shoulder rotation. He noted limited range of motion and continued with stretching exercises. He had difficulty with functional mobility and activities of daily living including dressing himself and overhead activities. The treatment plan that was requested for authorization included a work conditioning program, 5 visits for the right shoulder. On October 15, 2015, a request for a work conditioning program was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Conditioning Program, 5 visits, Right Shoulder Pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Medicine Guidelines - Work Conditioning, Shoulder Procedures Summary Online, Physical Therapy Guidelines.

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

Decision rationale: The claimant suffered a right shoulder injury May 29, 2013 and subsequently underwent right shoulder surgery. The request is now for a work hardening/conditioning program seven months post-op. However there is no clear indication that the patient has had post-op physical therapy, what the outcome was and what the prognosis is. The provider states that a QME recommended a work-hardening program, however this report was not submitted. In addition, the claimant's job requirements are not outlined. Therefore the request is not medically necessary or appropriate.