

Case Number:	CM15-0207103		
Date Assigned:	10/23/2015	Date of Injury:	07/21/2007
Decision Date:	12/04/2015	UR Denial Date:	10/01/2015
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, Indiana, New York
 Certification(s)/Specialty: Internal 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 62 year old male, who sustained an industrial-work injury on 7-21-07. A review of the medical records indicates that the injured worker is undergoing treatment for chronic right shoulder sprain-strain, status post right shoulder rotator cuff repair and partial ankyloses right shoulder. Treatment to date has included pain medication Lidoderm patch, right shoulder surgery 5-28-09, moist heat, transcutaneous electrical nerve stimulation (TENS), off of work, activity modifications, diagnostics and other modalities. Medical records dated 7-17-15 indicate that the injured worker complains of aching, constant and moderate pain in the right shoulder with popping pain and sleeping increases the pain. The pain is rated 6 out of 10 on the pain scale. Per the treating physician report dated 7-17-15 the injured worker has not returned to work. The physical exam dated 7-17-15 reveals that there is tenderness to palpation of the right shoulder, there is decreased range of motion, and the right hand grip strength is less than the left hand. The physician indicates that he would like to request a course of work conditioning to break down some of the adhesions and improve his range of motion. The requested service included Twelve (12) work conditioning-work hardening sessions to the right shoulder. The original Utilization review dated 10-1-15 non-certified the request for Twelve (12) work conditioning-work hardening sessions to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) work conditioning/work hardening sessions to the right shoulder: Upheld

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

MAXIMUS 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) Pain section, Work conditioning, work hardening.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 work hardening/conditioning sessions to the right shoulder is not medically necessary. Work hardening is recommended as an option for treatment of chronic pain syndromes, depending on the availability of quality programs. Work hardening is an interdisciplinary, individualized, job specific program of activity with the goal of return to work. The criteria include screening documentation, diagnostic interview with a mental health provider, job demands, functional capacity evaluation, previous physical therapy, rule out surgery, other contraindications, or return to work plan, drug problems, program documentation, further mental health evaluation, supervision, a trial (not longer than one "two weeks without evidence of compliance and demonstrated significant gains" objective and subjective), currently working (worker must be no more than two years past date of injury), program timelines and repetition. In this case, the injured worker's working diagnoses are right shoulder sprain strain chronic; status post right shoulder rotator cuff repair with subacromial decompression/bursectomy including repair subscapularis and rotator interval; and partial ankylosis right shoulder. Date of injury is July 21, 2007. Request for authorization is September 23, 2015. The medical record contains 51 pages. According to a July 17, 2015 initial orthopedic evaluation, the injured worker is not working. He was fired from his job. There is no documentation in the medical record of a functional capacity evaluation or a diagnostic interview with a mental health provider. Subjectively, the injured worker complains of aching with moderate pain in the right shoulder. Objectively, there is mild tenderness at the AC joint, coracoid process, BT groove, supraspinatus tendon, deltoid bursa and glenohumeral joint. Shoulder range of motion to flexion, extension, abduction, adduction, internal and external rotation showed mild decreases. Motor examination was normal and sensory examination was otherwise normal. The treatment plan includes a request for work hardening to break down some adhesions and improve range of motion. There is no documentation of failed return to work trials. There is no return to work plan. There is no functional capacity evaluation. There is no mental health evaluation. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, mild decreases in shoulder range of motion, no functional capacity evaluation, no return to work plan, and no mental health evaluation, 12 work hardening/conditioning sessions to the right shoulder is not medically necessary.