

Case Number:	CM15-0216717		
Date Assigned:	11/06/2015	Date of Injury:	09/01/2014
Decision Date:	12/18/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	11/03/2015

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:

The injured worker is a 42 year old female, who sustained an industrial injury on 9-1-14. The documentation on 9-24-15 noted that the injured workers right shoulder examination revealed well healed arthroscopic portals, near full active range motion, good rotator cuff strength, no instability, axillary and distal CSM intact. X-rays on 2-24-15 revealed mild osteoarthritic changes at the glenohumeral and acromioclavicular (AC) joint. The diagnoses have included right shoulder impingement. Treatment to date has included voltaren gel 1% and subdeltoid bursal injection of corticosteroid. The documentation noted that per the injured worker she had finished her physical therapy on 9-23-15 and they had taught her home exercise program. The documentation noted the injured worker was to return to modified work on 9-24-15 with restrictions of no overhead lifting work and no lifting or carrying greater than 10 pounds. Several documents within the submitted medical records are difficult to decipher. The original utilization review (10-5-15) non-certified the request for 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: 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 rationale: The patient has received a significant amount of conservative treatment including therapy for this September 2014 injury. There are no documented limitations in current ADLs or specific clinical findings identifying deficits to be addressed with work hardening program. 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 with patient having near full active range, good rotator strength, no instability and has already returned to modified work on 9/24/15. It appears conservative treatments have not been exhausted nor is there any notation of specific impairment, hindering the patient from returning to modified work already. In fact, the patient was noted to be working with some modifications. There are also no documented limitations in current ADLs or 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 Program is not medically necessary and appropriate.