

Case Number:	CM15-0218941		
Date Assigned:	11/10/2015	Date of Injury:	01/30/2014
Decision Date:	12/22/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 28 year old male, who sustained an industrial injury on January 30, 2014, incurring right shoulder injuries. He was diagnosed with a right shoulder impingement syndrome. Treatment included anti-inflammatory drugs, rest, activity restrictions, physical therapy and a cortisone injection which only relieved the pain for one week. Currently, the injured worker complained of persistent right shoulder pain. He rated the pain 8 out of 10 on a pain scale from 0 to 10. The pain worsened with activity, lifting objects and activities over his head. He noted weakness, clicking, catching and locking of the right shoulder. A right shoulder Magnetic Resonance Imaging revealed a tear of the anterior labrum in the shoulder. He was diagnosed with a right shoulder SLAP tear and impingement syndrome. He was referred for right shoulder surgery. The treatment plan that was requested for authorization included a work hardening program physical therapy once a week for six weeks for the right shoulder. On October 26, 2015, a request for a work hardening 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 Hardening program physical therapy once per week for 6 weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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) Shoulder (Acute & Chronic).

Decision rationale: The claimant sustained a work injury in January 2014 when he had left shoulder pain while lifting a ladder overhead. He underwent arthroscopic surgery with a subacromial decompression and labral debridement in June 2015. When seen in October 2015 he had ongoing weakness. He had pain with movement. He was working with restrictions. Physical examination findings included full range of motion and strength. Authorization is being requested for a work hardening program one time per week for six weeks. The purpose of work conditioning/hardening is to prepare a worker who has functional limitations that preclude the ability to return to work at a medium or higher demand level. Participation is expected for a minimum of 4 hours a day for three to five days a week with treatment for longer than one-two weeks if there is evidence of patient compliance and demonstrated significant gains. Criteria for admission to a Work Hardening Program include deficits that preclude the ability to safely return to work, generally at the medium or higher demand level. In this case, there is no functional capacity evaluation result which would be needed prior to participating in a Work Hardening program. Work hardening is being requested one time per week for six weeks. This would not be an effective means of preparing the claimant to return to unrestricted work. The request cannot be considered as medically necessary.