

Case Number:	CM15-0031238		
Date Assigned:	02/24/2015	Date of Injury:	07/18/2013
Decision Date:	04/14/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/19/2015

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: Preventive Medicine, Occupational 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 59 year old male, who sustained an industrial injury on 7/18/2013. The diagnoses have included rotator cuff tear left shoulder, fracture left wrist and weakness of the left upper extremity. Treatment to date has included physical therapy. The injured worker underwent diagnostic arthroscopy, arthrotomy, bursectomy, release of the rotator cuff and repair of the rotator cuff tendon on the left on 8/19/2014. The injured worker underwent left wrist arthrotomy, removal of hardware and debridement of the wrist, radius on 8/19/2014. According to the interim orthopedic evaluation and report dated 12/23/2014, the injured worker had weakness of the left upper extremity. Physical exam revealed abduction of the left shoulder was 130 degrees, external rotation 50 degrees and internal rotation 40 degrees. Recommendation was for work conditioning to strengthen his upper extremities. On 1/22/2015, Utilization Review (UR) modified a request for Work Conditioning three times a week for four weeks for the left shoulder to Work Conditioning two times a week for four weeks for the left shoulder. The Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Conditioning 3 times a week for 4 weeks left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder, Criteria for admission to a Work Hardening (WH) Program.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening section Page(s): 125, 126.

Decision rationale: The MTUS Guidelines recommend the use of work hardening as an option, depending on the availability of quality programs. Criteria for admission to a work hardening program include; 1) work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level. 2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning. 3) Not a candidate where surgery or other treatments would clearly be warranted to improve function. 4) 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. 5) A defined return to work goal agreed to by the employer & employee. 6) The worker must be able to benefit from the program. 7) The worker must be no more than 2 years past date of injury. 8) Work hardening programs should be completed in 4 weeks consecutively or less. 9) 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. 10) Upon completion of a rehabilitation program, neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. This request is for 4 weeks of treatment, but the MTUS Guidelines recommend treatment for no longer than 1-2 weeks without evidence of compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. The request for Work Conditioning 3 times a week for 4 weeks left shoulder is determined to not be medically necessary.