

Case Number:	CM15-0042491		
Date Assigned:	03/12/2015	Date of Injury:	08/21/2012
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/06/2015

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 53 year old female, who sustained an industrial injury on 8/21/12. She has reported right shoulder injury with pain after stocking pallets working as a truck driver. The diagnoses have included status post right shoulder arthroscopy with debridement, decompression and distal clavicle excision, tendinitis and impingement syndrome, left shoulder with arthrosis, and bilateral epicondylitis. Treatment to date has included medications, diagnostics, surgery, cortisone injections, and physical therapy. Surgery has included right shoulder surgery on 5/9/13. The Magnetic Resonance Imaging (MRI) of the right elbow, left elbow and left shoulder was done on 8/23/14. Currently, as per the physician progress note dated 2/4/15, the injured worker complains of bilateral shoulder and bilateral elbow pain. It was noted that she has completed physical therapy and is not interested in invasive treatment. The pain was alleviated with use of ice. The pain at rest was rated 1/10 on pain scale and 3/10 with activity. She also admits to weakness and swelling of the joints. She is not taking any medications at this time. Physical exam of the bilateral shoulders revealed tenderness to palpation of the left shoulder. The bilateral elbows revealed tenderness of the lateral epicondylar region bilaterally and pain with Cozen and tennis elbow maneuver. The injured worker remains permanent and stationary. It was noted that she has finished physical therapy and continues to have pain. The physician requested treatment includes Work hardening/physical therapy x 10 sessions, left shoulder/bilateral elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening/physical therapy x 10 sessions, left shoulder/bilateral elbows: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

Decision rationale: The claimant sustained a work-related injury in August 2012 with injury to the right shoulder. Treatments included physical therapy and as of 12/19/14, she had improved after 6 physical therapy sessions. She had been able to work a full day and complete her work duties with minimal soreness afterwards. She was having symptoms after stacking pallets. When seen by the requesting provider, she was considered at maximum medical improvement. Criteria for a Work Conditioning Program include completion of an adequate trial of physical or occupational therapy with improvement followed by plateau, defined return to work goal, and the worker must be no more than 2 years past date of injury. In this case, the claimant has been able to return to work but appears unable to tolerate working on a sustained basis. She is appropriate for work hardening and meets the above criteria. Therefore, the request was medically necessary.