

<b>Case Number:</b>	CM15-0044502		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	02/13/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Emergency 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 50-year-old male who reported injury on 10/13/2013. The mechanism of injury was the injured worker was moving an electric wheelchair with a coworker from a ramp and as the injured worker was going down some steps, the injured worker felt a strong pull in the right shoulder. The prior therapies included medication, physical therapy, and injection, and surgical intervention as well as postoperative physical therapy. The injured worker underwent a right superior labral repair and subacromial decompression for impingement and a distal clavicular resection for AC joint impingement on 09/13/2013. The injured worker underwent an undated MRI of the right shoulder which was noted to be reviewed on 02/05/2015 which revealed a right shoulder labral tear. The documentation of 02/05/2015 revealed the injured worker indicated he had overall 75% improvement. The injured worker indicated he was experiencing only mild discomfort in his right shoulder upon rapid spontaneous movements of his right arm. The injured worker indicated that he felt he could return to his previous job on a fulltime basis without restrictions, however, he suspected his employer would not take him back as a result of the QME decision placing him on permanent disability. The injured worker was noted to have decreased right grip strength, poor core and low back muscle strength, and decreased core strength. The symptoms were not aggravated by moderate activity. The injured worker was noted to be able to perform activities which categorize him as a mid to functional stabilization level, however, his job was noted to require a mid-high III functional stabilization level, a heavy demand level. Additionally, the documentation indicated the injured worker was in the lower range of minimal disability category suggesting the patient could cope with most living

activities. The treatment recommendation was upon completion of the modified Functional Capacity Evaluation, the injured worker should attend 12 sessions of work hardening, and 4 sessions of vocational counseling. There was no Request for Authorization submitted to support the request.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Work Hardening Program 3 Times A Week for 4 Weeks x 12 Units:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines work hardening/ conditioning Page(s): 125-126.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that the criteria for entering into a work hardening program include the presence of work related musculoskeletal conditions with functional limitation precluding ability to safely achieve current job demands, which are at a medium or higher demand level. A Functional Capacity Evaluation may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis. There should be documentation of an adequate trial of physical therapy with improvement followed by a plateau, but no likelihood that the patient would benefit from continued therapy and they would not be a candidate for surgery or other treatments. There should be documentation of a defined return to work goal and a documented specific job to return to that had job demands that exceed the patient's abilities. Treatment is not supported for longer than 1-2 weeks without evidence of injured worker compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. The clinical documentation submitted for review indicated the injured worker had a Functional Capacity Evaluation, which demonstrated the low physical demand level. However, there was no employer verified physical demands analysis. There was a lack of documentation of an adequate trial of physical therapy improvement followed by plateau. There was a lack of documentation indicating the injured worker would benefit from continued therapy and that they would not be a candidate for surgery or other treatments. Additionally, there was a lack of documentation rationale for more than 10 day of sessions. Given the above, and the lack of documentation, the request for work hardening program 3 times a week for 4 weeks x 12 units is not medically necessary.