

Case Number:	CM15-0060663		
Date Assigned:	04/06/2015	Date of Injury:	02/06/2012
Decision Date:	05/05/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/30/2015

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 2/6/2012. She reported injury of the right shoulder. The injured worker was diagnosed as having right shoulder mild adhesive capsulitis status post rotator cuff repair. Treatment to date has included ultrasound, right shoulder surgery, and physical therapy. The request is for work conditioning of the right shoulder. On 1/6/2015, she is seen for re-evaluation of the right shoulder. The treatment plan included: request for work conditioning. On 2/3/2015, she offers no complaints, and reports being authorized for a work conditioning program. The treatment plan included: recommendation to complete the work conditioning program, and modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning Right shoulder 3x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical medicine guidelines - Work conditioning.

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

Decision rationale: The claimant is more than three years status post work-related injury to the right shoulder. She underwent rotator cuff repair surgery in June 2014 followed by postoperative physical therapy. She continues to work at modified duty. When seen, she had a normal right shoulder examination including normal strength by manual muscle testing without pain and full range of motion. 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 completed physical therapy treatments. The treating provider does not document any residual deficits. Therefore, the claimant has not reached a plateau, rather, she has made a full recovery. Therefore, work conditioning is not medically necessary.