

Case Number:	CM15-0238666		
Date Assigned:	12/15/2015	Date of Injury:	06/17/2014
Decision Date:	01/19/2016	UR Denial Date:	11/16/2015
Priority:	Standard	Application Received:	12/07/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 61 year old male who sustained a work-related injury on 6-17-14. Medical record documentation revealed the injured worker was being treated for left shoulder adhesive capsulitis. On 11-6-15, the injured worker reported some improved left shoulder range of motion with additional physical therapy. He reported pain in the left shoulder and rated the pain a 3 on a 10-point scale. He noted his left shoulder pain was worsened by left shoulder movements. He used Tramadol for pain. The injured worker had completed 5 physical therapy sessions by November 6, 2015. Objective findings included left shoulder range of motion with flexion to 120 degrees, extension to 50 degrees, abduction to 100 degrees, adduction to 30 degrees, external rotation to 70 degrees and internal rotation to 80 degrees. The injured worker was able to abduct and externally rotate the shoulder against manual resistance with 5-5 strength. The anterior and posterior apprehension tests were negative. Neurological examination was intact distally to the left wrist and hand. The evaluating physician noted that the injured worker continued to make gradual improvement in the left shoulder range of motion with physical therapy but continued to exhibit significant limitation. Physical therapy notes for six sessions of physical therapy from 7-15-15 through 7-28-15 were provided for review with indications of improvement in the left shoulder. A request for work conditioning for the left shoulder two times four was received on 11-10-15. On 11-16-15, the Utilization Review physician determined work conditioning for the left shoulder two times four was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Conditioning for the left shoulder 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

Decision rationale: The California chronic pain medical treatment guidelines section on work hardening states: Recommended as an option, depending on the availability of quality programs. Criteria for admission to a Work Hardening Program: (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 (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). (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: (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training. (6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. (7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit. (8) Program timelines: 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 (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. Per the guidelines above, this type of program is not recommended for more than 1-2 weeks without evidence of significant gains. The request is for 4 weeks. Therefore, criteria have not been met and the request is not medically necessary.