

<b>Case Number:</b>	CM14-0082040		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	10/03/2012
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 53 year old male with a work injury dated 10/3/12. The diagnoses include left shoulder pain; left shoulder labral tear; left shoulder contracture; left shoulder impingement syndrome. Under consideration is a request for additional work hardening. There is a progress report dated 04/16/14, the patient reported left shoulder pain and weakness. A gym membership was denied but he was approved for a work hardening program. On left shoulder exam, his shoulder range of motion (ROM) is reduced. Forward flexion was 170 degrees, abduction 160 degrees, and external rotation to 60 degrees. He has weakness. On 05/12/14, he was seen by another physician and noted to be status post decompression surgery of left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL WORK HARDENING X 2-3 X 4 SESSIONS:** Upheld

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

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

**Decision rationale:** Additional work hardening x 2-3 x 4 sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that there must be a defined return to work goal agreed to by the employer & employee. 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. The documentation does not indicate significant functional gains from prior work hardening, therefore the request for additional work hardening x 2-3 x 4 sessions is not medically necessary.