

Case Number:	CM13-0056826		
Date Assigned:	12/30/2013	Date of Injury:	03/02/2012
Decision Date:	02/28/2015	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/23/2013

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This 45 year old female was a housekeeper when she sustained an injury on March 2, 2012. She felt a pop with pain in her right shoulder when lifting an approximately 60-pound bag of soiled linen. The injured worker reported neck and right shoulder pain. Past treatment included x-rays, MRI, right shoulder steroid injections, non-steroidal anti-inflammatory and h2 antagonist medications, home exercises, and activity modifications. On May 3, 2012, an MRI of the right shoulder revealed moderately severe cuff tendinitis with an interstitial split tear of the supraspinatus, limited stripping of the supraspinatus enthesis. There was no geographic/full thickness tear defect in the cuff. There was significant narrowing of the subacromial outlet from down sloping position of the acromion and thickening of the coracoacromial ligament. There was complex subacromial bursitis, which was felt to be due to chronic subacromial impingement. There were inflammatory changes, and thickened hyperintense capsular tissue that suggested adhesive capsulitis. On August 13, 2012, the injured worker underwent a right shoulder arthroscopic surgery. The records refer to a prior course of postsurgical physiotherapy, but do not provide specific dates of service or results. On March 18, 2013, an MRI of the right shoulder revealed a questionable strain of the infraspinatus musculotendinous junction and status post cuff repair and subacromial decompression. A microtear at the site of the cuff repair could not be excluded. On August 28, 2013, the records refer to continuing a course of chiro/physiotherapy, but do not provide specific dates of service or results. On October 16, 2013, the treating physician noted cervical spine and right shoulder pain that was unchanged. The physical exam revealed limited range of motion of the cervical spine and right shoulder. Diagnoses were

cervical pain, cervical strain/sprain, shoulder pain, and carpal tunnel syndrome. The physician recommended work conditioning two times a week for 6 weeks and continuing the current medications, which included a proton pump inhibitor, an antidepressant, and a non-steroidal anti-inflammatory. Current work status is modified. There was no indication or rationale for the requested work conditioning program in the provided medical records. On October 25, 2013, Utilization Review non-certified a prescription for 12 sessions (two times a week for 6 weeks) work conditioning for the shoulder and cervical spine requested on October 21, 2013. The work conditioning was non-certified based on insufficient documentation to associate or establish the medical necessity or rationale for a work conditioning program. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines for work conditioning, work hardening was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Conditioning 2xWk x 6Wks, shoulder/cervical spine: 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 Physical Medicine Guidelines - Work Conditioning

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, work conditioning two times per week times six weeks to the shoulder and cervical spine are not medically necessary. The suggested timeline for work conditioning is 10 visits over four weeks, equivalent up to 30 hours. The criteria for admission to a work hardening program include, but are not limited to, approval of the program should include evidence of a screening evaluation; diagnostic interview with a mental health provider; job demands; functional capacity evaluation; previous physical therapy; rule out surgery; a return to work plan; drug problem; program documentation; supervision; etc. See the Official Disability Guidelines for details. In this case, the injured worker's working diagnoses are cervical pain; shoulder pain; cervical sprain/strain; and carpal tunnel syndrome. Subjectively, the injured worker states overall pain is the same in the cervical spine and right shoulder. Objectively, there is no change with limited range of motion. There are no chiropractic or physical therapy notes in the medical record and there is no evidence of objective functional improvement with prior physical therapy or chiropractic therapy. The injured worker underwent right shoulder arthroscopy August 13 of 2012. The injured worker had 24 postoperative PT sessions. The documentation does not contain any specific job requirements or description required by the guidelines. Additionally, the suggested time frame is 10 visits over four weeks. The treating physician requested two times per week for six weeks (12 visits over 12 weeks). There was no mental health provider interview/input. There is no functional capacity evaluation present. Consequently, absent missing criteria/documentation for admission to the work hardening program, work conditioning two times per week times six weeks of the shoulder and cervical spine are not adequate necessary.

