

<b>Case Number:</b>	CM13-0069232		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/01/2010
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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: 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 57 year old male who sustained an industrial injury on April 01, 2010. A primary treating office visit dated July 23, 2013 reported current subjective complaint of being status post right ankle surgery in January 2013 with a well-healed suture line; benign. He is ambulating normally however states he has a limp when his ankle gets painful. He is also status post left wrist surgery on June 03, 2012 and continues with increased pain with attempts at heavy lifting or any supination, but range of motion has increased in all planes. There is still pain with repetitive gripping or use of left wrist. There is even complaint of right knee pain and lumbar spine symptoms. The diagnostic impression found the worker with: status post ankle surgery, right; status post open reduction internal fixation of left wrist; status post arthroscopy of right knee; myofascial strain and sprain of lumbar spine concomitant with lumbar paravertebral muscle spasm and myofascitis, and left shoulder supraspinatus tear and impingement. He was prescribed returning to modified work duty on June 06, 2013. A primary follow up dated May 03, 2013 reported unchanged subjective complaints. The plan of care noted involving concluding the active care and rehabilitation of the right ankle to consist of motion exercises as well as proprioception and gait training and strengthening. He is to transition to a more home based program when able.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) sessions of work hardening/conditioning for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Work conditioning, work hardening.

**Decision rationale:** The claimant sustained a work injury in April 2010 and has a history of right knee, left wrist, and right ankle surgery. In July 2013 he had worked for six weeks without work restrictions and was having increased pain specifically in his left shoulder. Physical examination findings included positive shoulder impingement and supraspinatus testing. There was pain and swelling over the subdeltoid and subacromial bursa and supraspinatus muscle. Work restrictions were given with lifting up to 10 pounds with the left upper extremity. Authorization for 12 sessions of work hardening was subsequently requested. The purpose of work conditioning/hardening is to prepare a worker who has functional limitations that preclude the ability to return to work at a medium or higher demand level. In this case, the claimant's work requirement is not specified. A functional capacity evaluation would be needed to determine the need for ongoing work restrictions and, for the shoulder, guidelines recommend up to 10 visits over 4 weeks. The request that was submitted cannot be accepted as being medically necessary.