

Case Number:	CM15-0117307		
Date Assigned:	06/25/2015	Date of Injury:	09/02/2014
Decision Date:	07/27/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/17/2015

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: California

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:

The injured worker is 54-year-old male laborer, who sustained an industrial injury on 9/2/14. He reported pain in his left shoulder related to cumulative trauma. The injured worker was diagnosed as having left shoulder improved adhesive capsulitis following strain and left shoulder partial articular rotator cuff tear. Treatment and diagnostics to date has included physical therapy, a left shoulder MRI on 11/19/14 and Naproxen. On 1/28/15, the treating physician noted left shoulder flexion 160 degrees, abduction 95 degrees, external 20 degrees and mild tenderness. As of the PR2 dated 4/10/15, the injured worker reports less pain, but the shoulder still throbs and bothers him. He is worried about whether or not he will exacerbate the injury and further the tear. Objective findings include left shoulder flexion 160 degrees, abduction 130 degrees, external 40 degrees and mild impingement signs. The treating physician requested a work-conditioning program x 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of work conditioning program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Work Conditioning, work hardening. 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 conditioning, work hardening Page(s): 124-125.

Decision rationale: Per the MTUS guidelines, certain criteria should be met prior to admission to hard work conditioning program. The medical records indicate that the injured worker is a laborer who sustained an injury to his left shoulder. He has undergone physical therapy and corticosteroid injections. He does not wish to proceed with surgical intervention. He remains with objective functional deficits, and while it is noted that additional physical therapy has not been authorized, the medical records do not establish that further gains cannot be achieved with a home exercise program. In addition, the request for 12 sessions exceeds the amount of work conditioning treatment recommended by the MTUS guidelines. The request for 12 sessions of work conditioning program is therefore not medically necessary and appropriate.