

Case Number:	CM15-0125018		
Date Assigned:	07/09/2015	Date of Injury:	06/13/2013
Decision Date:	08/05/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	06/29/2015

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: Emergency 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:

The injured worker is a 60 year old male, who sustained an industrial injury on 6/13/2013. He reported injury to bilateral shoulders from operating heavy machinery with a dead battery and steering with no power steering. Diagnoses include right shoulder rotator cuff tendon tear with retraction, improved left shoulder rotator cuff tendon function after surgery, status post right shoulder surgical repair. Treatments to date include modified activity, anti-inflammatory, narcotic, cortisone injections, and physical therapy. Currently, he complained of right shoulder discomfort status post right shoulder massive rotator cuff tendon tear. On 4/21/15, the physical examination documented decreased abduction and forward flexion of the right shoulder with 4/5 supraspinatus strength. The appeal request included ten (10) work hardening sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening, 10 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Page(s): 125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning and Work Hardening, Pages 125-126 Page(s): 125-126.

Decision rationale: The requested Work Hardening, 10 sessions, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Work Conditioning and Work Hardening, Pages 125-126; recommend work hardening only with satisfaction of multiple criteria, including: a specific return to work goal, specific job demands, documented on-the-job training, evaluation of possible psychological limitations, be less than two years post-injury, treatment not to be longer than one to two weeks without evidence of patient compliance and demonstrated significant gains. The injured worker has right shoulder discomfort status post right shoulder massive rotator cuff tendon tear. On 4/21/15, the physical examination documented decreased abduction and forward flexion of the right shoulder with 4/5 supraspinatus strength. The treating physician has not documented a specific return to work goal, specific job demands, documented on-the-job training, nor evaluation of possible psychological limitations. The criteria noted above not having been met, Work Hardening, 10 sessions is not medically necessary.