

Case Number:	CM15-0175960		
Date Assigned:	09/17/2015	Date of Injury:	11/11/2014
Decision Date:	10/19/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/08/2015

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, 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:

The injured worker is a 50 year old male who sustained an industrial injury on 11-11-2014. Current diagnoses include rotator cuff syndrome left shoulder and adhesive capsulitis left shoulder. Report dated 08-07-2015 noted that the injured worker presented with complaints that included left shoulder pain with shoulder flexion and physical therapy. Pain level was 3 out of 10 on a visual analog scale (VAS). Physical examination performed on 08-07-2015 revealed decreased range of motion and strength. Previous treatments included medications, surgical intervention, home Flexonator, and 30+ physical therapy visits. The treatment plan included giving samples of Aleve, request for work hardening program to help strengthen shoulder, and follow up in 4 weeks. Current work status is modified duty until 09-07-2015. Request for authorization dated 08-06-2015, included requests for work hardening x10 visits for the left shoulder. The utilization review dated 08-12-2015, non-certified the request for work hardening x10 visits for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening x10 visits for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical 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) Pain section, Work hardening.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, work hardening times 10 to the left shoulder is not medically necessary. Work hardening is recommended as an option for treatment of chronic pain syndromes, depending on the availability of quality programs. Work hardening is an interdisciplinary, individualized, job specific program of activity with the goal of return to work. The criteria include screening documentation, diagnostic interview with a mental health provider, job demands, functional capacity evaluation, previous physical therapy, rule out surgery, other contraindications, or return to work plan, drug problems, program documentation, further mental health evaluation, supervision, a trial (not longer than one two weeks without evidence of compliance and demonstrated significant gains objective and subjective), currently working (worker must be no more than two years past date of injury), program timelines and repetition. In this case, the injured worker's working diagnoses are rotator cuff syndrome left shoulder; and adhesive capsulitis left shoulder. Date of injury is November 11, 2014. Request for authorization is August 6, 2015. The medical record contains 18 pages and one progress note dated August 7, 2015. Subjectively, the injured worker complains of left shoulder pain. The documentation indicates the injured worker received 30 physical therapy post operative sessions with a slow recovery. Objectively, motor examination is 4/5. There is no functional capacity evaluation in the medical record. There is no specific job description with a breakdown of job demand documented in the medical record. There is no diagnostic interview with a mental health provider. There is no return to work plan. Based on the clinical information in the medical records, peer-reviewed evidence-based guidelines, no functional capacity evaluation, interview with a mental health provider or breakdown of the job demands with a return to work plan, work hardening times 10 to the left shoulder is not medically necessary.