

Case Number:	CM15-0177976		
Date Assigned:	09/18/2015	Date of Injury:	10/02/2014
Decision Date:	10/21/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/09/2015

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: 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 47 year old male who sustained an industrial injury on 10-02-2014. Mechanism of injury was a fall from a ladder. He stated his shoulder popped out and he had someone pull on his arm and it popped the shoulder back in. Diagnoses include left shoulder labral tear and acromioclavicular joint arthrosis. A physician progress note dated 07-28-2015 documents the injured worker reported he had overall improvement with the physical therapy with some intermittent popping in the shoulder with overhead activity. He has full range of motion with some mild clunking with overhead activity. He has positive cross body abduction. A physician progress note dated 06-10-2015 documents the injured worker has continued pain with overhead activity. He has occasional popping with rotation, and pain with lifting. He has full range of motion, and a mildly positive apprehension test. O'Brien's test was positive. Treatment to date has included diagnostic studies, medications, and 12 physical therapy sessions. He is not working. An unofficial computed tomography arthrogram of the left shoulder done on 11-04-2014 showed a small SLAP tear, and mild hypertrophy of the acromioclavicular joint. On 08-12-2015 the Utilization Review non-certified the requested treatment twelve (12) sessions of work hardening to the left shoulder.

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 to 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 rationale: The claimant sustained a work injury in October 2014 as the result of a fall from a ladder while working as an electrician. A CT arthrogram of the shoulder in November 2014 included findings of a small labral tear with acromioclavicular joint hypertrophy. When seen, he had completed 12 physical therapy treatments with overall improvement. He was having intermittent popping with overhead activity. Physical examination findings included full range of motion with positive cross arm abduction and mild clunking with overhead activity. Authorization for 12 sessions of work hardening was requested. Temporary total disability was continued. 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. Participation is expected for a minimum of 4 hours a day for three to five days a week with treatment for longer than 1-2 weeks if there is evidence of patient compliance and demonstrated significant gains. In this case, although work conditioning might be appropriate for this claimant, it is being requested two times per week for six weeks. This would not be an effective means of preparing the claimant to return to work. There is no definite return to work plan. Therefore, the request is not considered medically necessary.