

Case Number:	CM13-0016150		
Date Assigned:	11/06/2013	Date of Injury:	09/29/2011
Decision Date:	02/10/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with a date of injury of 9/29/11. A utilization review determination dated 8/14/13 recommends non-certification of work hardening physical medicine right shoulder 2 x 4 noting that 8 sessions were certified on 6/13/12 and there was no documentation of functional improvement from the course of work hardening. A progress report dated 8/6/13 identifies subjective complaints including persistent adhesion. Objective examination findings identify forward flexion 100 degrees, abduction 90, external rotation 60, and internal rotation 50 with pain at the extremes of motion. Diagnoses include status post rotator cuff repair x 2 with persistent pain and adhesive capsulitis. Treatment plan recommends work hardening 2 times a week for 4 weeks to improve strength and range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine Work Hardening Shoulder - Right 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126.

Decision rationale: Regarding the request for work hardening physical medicine right shoulder 2 x 4, California MTUS cites that treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. Within the documentation available for review, there is documentation that 8 sessions of work hardening were certified previously, but no evidence of patient compliance and significant gains in subjective/objective clinical findings and functional improvement has been noted. In the absence of such documentation, the currently requested work hardening physical medicine right shoulder 2 x 4 is not medically necessary