

Case Number:	CM13-0022992		
Date Assigned:	12/18/2013	Date of Injury:	01/26/2012
Decision Date:	02/19/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/11/2013

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, 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:

The patient is a 66-year-old male who reported an injury on 01/26/2012. The mechanism of injury was lifting. An MRI performed on an unknown date revealed a full thickness, somewhat retractive rotator cuff tear, along with some degenerative changes in the AC joint of his right shoulder. He received a right rotator cuff repair on 02/06/2013 and received an unknown duration of postoperative physical therapy. The patient had an uncomplicated postoperative period and was noted on several occasions to be progressing excellently with his physical therapy. The most recent ranges of motion were obtained on 09/11/2013 and revealed forward flexion of the right shoulder to 170 degrees, abduction of 120 degrees, external rotation at 50 degrees, and internal rotation to the T10 level. There were no objective measurements of muscle strength on this date; however, the most recent muscle strength values were obtained on 08/14/2013 and revealed 5/5 strength in shoulder abduction and forward flexion. No other pertinent clinical information was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning three (3) times a week for four (4) weeks for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS/ACOEM Guidelines state that work conditioning should restore the client's physical capacity and function. Recommendations are for 10 visits over 8 weeks if deemed appropriate. According to the clinical records submitted for review, the patient has no significant remaining deficits in range of motion or muscle strength to the right shoulder that would indicate the need for further conditioning. Furthermore, the current request for 12 sessions exceeds guideline recommendations. As such, the request for work conditioning 3 times a week for 4 weeks for the right shoulder is non-certified.