

Case Number:	CM13-0050225		
Date Assigned:	12/27/2013	Date of Injury:	11/02/2012
Decision Date:	04/25/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/11/2013

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. The expert reviewer is Board Certified in Preventive Medicine 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 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/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:

According to the records made available for review, this is a 53-year-old male with a 11/2/12 date of injury and status post right shoulder arthroscopy on 3/5/13. At the time (10/2/13) of request for authorization for 6 sessions of work hardening for the right shoulder, there is documentation of subjective (burning right shoulder pain aggravated by any movement and laying on right side, with a pins and needles sensation in the right shoulder joint) and objective (positive Codman's, Speed's and supraspinatus tests, spasm and tenderness of the right rotator cuff and upper shoulder musculature, and decreased right shoulder range of motion) findings, imaging findings (MRI of the right shoulder report identifying prior acromioplasty and partial thickness articular surface tear of the mid supraspinatus tendon), current diagnoses (adhesive capsulitis of the right shoulder, and bursitis and tendinitis of the right shoulder), and treatment to date (right shoulder arthroscopy, 21 sessions of post operative physical therapy sessions with residual significant loss of range of motion, and activity modification). In addition, 10/2/13 medical report plan identifies work hardening to the right shoulder to prevent developing chronicity, with the goals of increasing the patient's work capacity, activities of daily living and measured active range of motion, and decreasing work restrictions, visual analog scale rating and swelling.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS OF WORK HARDENING FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 126.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening, Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Working Conditioning.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work); after treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning; not a candidate where surgery or other treatments would clearly be warranted to improve function; physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week; a defined return to work goal agreed to by the employer & employee (a documented specific job to return to with job demands that exceed abilities, OR documented on-the-job training); and no more than 2 years past the date of injury, as criteria necessary to support the medical necessity of a work hardening program. In addition, MTUS identifies that work hardening programs should be completed in 4 weeks consecutively or less; and 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. ODG work conditioning physical therapy guidelines supports up to 10 visits over 4 weeks, equivalent to up to 30 hours. Within the medical information available for review, there is documentation of diagnoses of adhesive capsulitis of the right shoulder, and bursitis and tendinitis of the right shoulder. In addition, given documentation of an 11/2/12 date of injury, and that the patient is status post right shoulder arthroscopy with completion of 21 sessions of post operative physical therapy sessions with residual significant loss of range of motion, there is documentation of a work related musculoskeletal condition with functional limitations; treatment with an adequate trial of physical therapy, with improvement followed by plateau, but not likely to benefit from continued physical therapy; and no more than 2 years past the date of injury. However, there is no documentation of functional limitations precluding the patient's ability to safely achieve current job demands, which are in the medium or higher demand level; physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week; a defined return to work goal agreed to by the employer & employee. Therefore, based on guidelines and a review of the evidence, the request for 6 sessions of work hardening for the right shoulder is not medically necessary.