

Case Number:	CM13-0069259		
Date Assigned:	01/03/2014	Date of Injury:	07/30/2010
Decision Date:	07/07/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/20/2013

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, has a subspecialty in Occupational and Environmental Medicine and is licensed to practice in California and Oklahoma. 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:

The patient is a 45 year old male who was injured on 07/30/2010 while lifting a quarter-side of beef onto a hook and perceiving right shoulder pain. Past surgical history has included an arthroscopic right labral repair on 09/29/2011. The patient also underwent an arthroscopy, acromioplasty; SAD, and biceps tenodesis to the left shoulder and received 30+ sessions of post operative PT from 05/02/2013 to 10/21/2013. PR2 dated 11/14/2013 indicated the patient returned 29 weeks status post arthroscopy of the left shoulder. The patient has been attending supervised physical therapy and stretching at home working to restore his range of motion and strength. The patient is doing better and the ROM and strength is improving but he does not feel he can resume his regular duty yet as he carries over 200 pounds. Objective findings on exam revealed range of motion is as follows: Passive forward flexion is 170; abduction is 170; IR is L1; ER is 60; maintained biceps contour and improved strength to ER and FE testing but still weak compared to the right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning twice a week for three weeks for the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines "Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks". In this case, the patient has greatly exceeded the MTUS recommended amount of physical therapy post surgery. Furthermore, the patient should be transitioned to home self-guided exercises. Therefore, the request for work conditioning twice a week for three weeks for the bilateral shoulders is not medically necessary and appropriate.