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| Case Number: | CM14-0010223 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 04/27/2005 |
| Decision Date: | 07/21/2014 | UR Denial Date: | 12/19/2013 |
| Priority: | Standard | Application Received: | 01/23/2014 |

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 Physical Medicine & 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 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:

This is a 43-year-old female with a 4/27/05 date of injury. The exact mechanism of injury was not described. On 1/21/14, the patient was noted to only be able to forward flex and abduct around 140 degrees. She is noted to have previously had a failed rotator cuff attempt, which failed and post-operatively was not granted therapy. She is now three-months post-operatively, and the patient is noted to basically have 2 years of disuse and the amount of atrophy is untenable to think that 24 post-operative physical therapy visits would overcome that. The provider believes that an additional 8 sessions would make all the difference in the world. On 11/12/13, the patient was noted to have 140 degrees of forward flexion and 90 degrees of abduction. On 12/10/13, her mobility continues to improve but strength is increasing slowly. Diagnostic Impression is s/p mini open rotator cuff repair of the right shoulder. Treatment to date: status post right shoulder arthroscopy 10/14/13, physical therapy x 25, medication management. A UR decision dated 12/19/13 denied the request for physical therapy because there are no exam findings on 10/4/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY AND WORK CONDITIONING 2X PER WEEK FOR 6 WEEKS FOR RIGHT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy; Work Conditioning Page(s): 98-99; 125, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6 pg 114 ; Official Disability Guidelines (ODG) Low Back Chapter: Work Conditioning.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. CA MTUS states that work conditioning is recommended as an option. In addition, ODG states that work conditioning amounts to an additional series of intensive physical therapy visits required beyond a normal course of PT. CA MTUS Post-Surgical Treatment Guidelines supports up to 24 sessions of physical therapy over a 6 month period after rotator cuff repair/impingement syndrome. This patient has completed 25 sessions of physical therapy since the surgery on 10/14/13. However, this patient has a prior failed rotator cuff repair and is noted to have functional improvement with the use of physical therapy. On a progress note from November of 2013, the patient is noted to have only 140 degrees of forward flexion and 90 of abduction. The provider documents that he believes an additional 8 sessions would be extremely beneficial for this patient. However, this request is for 12 sessions of physical therapy, not 8 sessions. In addition, this request states it is for Work Conditioning as well, which is not fully addressed in the progress notes. It is unclear if the patient is planning to return to work, what her job is, and if there are any additional issues associated with a successful return to work, such as psychosocial or attitudinal barriers. Therefore, the request for Physical Therapy and Work Conditioning 2x per week for 6 weeks for Right Shoulder was not medically necessary.