

Case Number:	CM14-0178168		
Date Assigned:	10/31/2014	Date of Injury:	09/28/2011
Decision Date:	12/11/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/27/2014

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, Spinal Cord Injury, and is licensed to practice in New York. 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 injured worker is a 40-year-old male who reported an injury on 09/28/2011. The mechanism of injury was unspecified. His diagnoses included a rotator cuff syndrome and joint stiffness of the shoulders. His past treatments included 36 physical therapy visits, electrical stimulation, hot/cold packs and a TENS unit. His pertinent diagnostics included a shoulder MRI on 02/02/2012 and an x-ray of the shoulder on 04/18/2012. Surgical history included a left shoulder rotator cuff repair. On 09/22/2014, the injured worker had an office visit and complained of shoulder pain. On examination it was noted the injured worker had decreased joint range of motion and weakness. The injured worker was also noted to have completed physical therapy, showing his active range of motion with flexion at 106 degrees on the right, 140 degrees on the left, abduction 150 degrees on the right and 130 degrees on the left and a decreased grip strength on the left. On 09/29/2014, the injured worker returned for an office visit with a complaint of shoulder pain. The physical examination revealed decreased joint range of motion and weakness. It was also noted the injured worker had completed 2 units of therapeutic exercise, soft tissue mobilization to the shoulders and a TENS unit to the glenohumeral joint bilaterally. His medications were not included. His treatment plan included continued physical therapy exercises, myofascial release and electrical stimulation. A request was received for physical therapy with work conditioning at 3 times a week for 4 weeks for the bilateral shoulders. A rationale was not provided. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy with work conditioning at three times a week for four weeks for the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines, Work Conditioning, Work Hardening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines-Work conditioning Page(s): 125.

Decision rationale: The request for physical therapy with work conditioning 3 times a week for 4 weeks for the bilateral shoulders is not medically necessary. According to the California MTUS Guidelines, work conditioning is allotted 10 visits over 8 weeks and it does not preclude concurrently being at work. The case notes indicated the injured worker to have completed 36 physical therapy/work conditioning visits as of 07/08/2014. The documentation lacked evidence of functional benefits as a result of the work conditioning as well as any specific vocational goals attained. In addition, the documentation failed to provide a current Functional Capacity Evaluation showing consistent results with maximal effort and a current self-directed home exercise program. As the injured worker has already exceeded the allotted number of visits allowed for work conditioning and in the absence of documentation supporting a self-directed home exercise program and a current FCE, the request is not supported by the guidelines. As such, the request for physical therapy with work conditioning at 3 times a week for 4 weeks for the bilateral shoulders is not medically necessary.