

Case Number:	CM14-0030507		
Date Assigned:	06/20/2014	Date of Injury:	11/06/2012
Decision Date:	09/09/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/10/2014

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 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 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 43-year-old male who has submitted a claim for injury to the right upper extremity and status post right shoulder diagnostic and operative arthroscopy for 06/14/2013 associated with an industrial injury date of 11/06/2012. The patient's medical records from 02/18/2013 to 06/20/2014 were reviewed and showed that patient complained of right shoulder pain drawing a line from the lateral acromion and distally to half of the humeral shaft graded 5-6/10. A physical examination revealed well-healed arthroscopic portals, limited ROM in forward flexion and abduction to 115 degrees and internal rotation and decreased muscle strength in all planes graded 4-/5. A MRI of the right shoulder dated 02/11/2013 revealed SLAP tear with impingement and rotator cuff tendinitis. The treatments to date has included right shoulder arthroscopy with subacromial decompression and acromioplasty, resection of coracoacromial ligament, extensive subacromial and subdeltoid bursectomy, glenohumeral joint synovectomy/chondroplasty/debridement, distal clavicle resection, debridement of labrum and labral fraying, and debridement of partial rotator cuff tear (06/14/2013) and 23 visits of physical therapy. A utilization review dated 02/12/2014 denied the request for physical therapy (PT)/work Hardening for the right shoulder, 2 x per week for 6 weeks because there was limited evidence that the claimant has reached plateau from prior physical therapy to warrant the request. Moreover, documentation did not indicate current job demands or limitations regarding work related task. A utilization review dated 02/12/2014 denied the request for home PT kit because there was limited evidence for the need of specialized equipment for the performance of a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Physical Therapy (PT) / Work Hardening for the right shoulder, 2 x per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1.) Physical Medicine;2.) Work conditioning, work hardening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Work conditioning/work hardening Page(s): 98-99,125.

Decision rationale: 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. Regarding work hardening, page 125 of CA MTUS Chronic Pain Medical Treatment Guidelines laid out the criteria for admission which include: Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level; 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; A defined return to work goal agreed to by the employer & employee: (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training. In this case, the patient was documented to have at least 23 visits of physical therapy. It is unclear as to why the patient cannot self-transition to independent HEP. Regarding work hardening, there was no documentation of a plateau with physical therapy as evidenced by the request for additional physical therapy. There was no discussion of a defined return to work goal where the specific job exceeds the patient's current abilities or a documented on-the-job-training. The patient did not meet the criteria for work hardening per guidelines recommendation. Therefore, the request for Physical Therapy (PT) / Work Hardening for the right shoulder, 2x per week for 6 weeks is not medically necessary.

Home PT (physical therapy) kit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Home exercise kits; Knee & Leg Chapter, Exercise equipment and durable medical equipment.

Decision rationale: Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines was used instead. ODG Shoulder Chapter recommends home exercise kits where home exercise programs and active self-directed home physical therapy are recommended. The ODG Knee and Leg Chapter states that exercise equipment are considered not primarily medical in nature. It also states that durable medical equipment should be primarily and customarily used to serve a medical purpose. In this case, the exact content of the exercise kit was not described in

the progress reports. It is unclear if the included equipment will be considered for medical treatment. The medical necessity has not been established at this time due to lack of information. Therefore, the request for home PT kit is not medically necessary.