

Case Number:	CM14-0041144		
Date Assigned:	06/27/2014	Date of Injury:	09/13/2012
Decision Date:	07/29/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/07/2014

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, has a subspecialty in Pain Management, 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 patient with a date of injury of 9/13/12. A utilization review determination dated 3/10/14 recommends non-certification of work conditioning. A 2/18/14 medical report identifies left shoulder pain 5-6/10. On exam, there is painful range of motion, limited only in abduction and flexion to 160 degrees each. There is tenderness and muscle spasm of the anterior shoulder. twelve sessions of work conditioning are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Sessions of Work Conditioning for the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), Physical Medicine Guidelines - Work Conditioning Page(s): 125.

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, Work conditioning, work hardening.

Decision rationale: Regarding the request for twelve sessions of work conditioning for the left shoulder, the California MTUS and the Official Disability Guidelines (ODG) support up to ten sessions of work conditioning, which is an additional series of intensive physical therapy (PT)

visits required beyond a normal course of PT, primarily for exercise training/supervision. Within the documentation available for review, there is no clear rationale for work conditioning presented. The patient is noted to lack only 20 degrees in flexion and abduction, and there is no indication of any significant weakness, deconditioning, etc., and a statement identifying why work conditioning would be required to address these issues rather than adherence to an independent home exercise program. Furthermore, only ten sessions are supported and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the request for twelve sessions of work conditioning for the left shoulder is not medically necessary.