

Case Number:	CM14-0042576		
Date Assigned:	06/30/2014	Date of Injury:	09/28/2011
Decision Date:	09/11/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/08/2014

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 Family Practice 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 patient is a 40 year male truck driver with a date of injury on 8/28/2011. He has undergone bilateral shoulder surgeries. He underwent left shoulder RCT and SAD on 6/13/13 followed by 36 sessions of PT with work conditioning. In October 2013 the patient underwent 12 sessions of PT for the bilateral shoulders in 2013. He underwent right shoulder RCR and SAD in December 2013 followed by 12 sessions of PT with work conditioning for the bilateral shoulders. He is diagnosed with shoulder joint stiffness. UR dated 3/26/14 reviewed a 1/30/14 report and recommended to modify the request for PT 3x4 for the bilateral shoulders to allow PT 3x4 for the right shoulder. The request for work conditioning 3x4 was non-certified. The patient was seen on 3/7/14 at which time his complaint consisted of painful limited motion of the bilateral shoulders. Examination of the bilateral shoulders revealed tenderness, limited ROM, and 4/5 strength of the bilateral shoulders. A request is made for PT for the bilateral shoulders to increase flexibility, range of motion, and strength to include modalities, therapeutic exercises and work conditioning 3x4. The patient is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 Times A Week For 4 Weeks For Bilateral Shoulders: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The medical records indicate that the patient has undergone bilateral shoulder repair. He has completed the appropriate number of post-operative therapy for the left shoulder. In regards to the right shoulder, the patient has completed 12 sessions of the 24 sessions recommended per the guidelines. The request for additional post- op PT to the right shoulder is supported. In regards to the left shoulder, the patient remains with limited range of motion and it would be medically necessary to allow additional physical therapy to the left shoulder as well in an attempt to increase range of motion, strength, and re-educate the patient in a home exercise program.

Work Conditioning 3 Times A Week For 4 Weeks For The Bilateral Shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 124-125.

Decision rationale: According to the CA MTUS guidelines, work conditioning may be indicated 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, or general conditioning. In this case, as noted above, the patient has been authorized additional physical rehabilitation treatments. As such, the request for work conditioning at this juncture is not medically necessary.