MAXIMUS Federal Services

Case Number:	CM14-0052995		
Date Assigned:	09/12/2014	Date of Injury:	01/27/2013
Decision Date:	12/10/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/21/2014

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 Medicine, and is licensed to practice in New Jersey. 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 worker is a 48 year old male who was injured on 1/27/2013. He was diagnosed with fracture and dislocation of the left shoulder, unspecific disorder of the bursa and tendon of the shoulder region, posttraumatic adhesive capsulitis, glenohumeral arthritis, and disorder of rotator cuff syndrome of shoulder. He was treated surgery (left shoulder arthroscopy), medications, and physical therapy (including home exercises). On 3/24/2014, the worker was seen by his treating orthopedic physician for a re-evaluation, reporting progress with physical therapy for his left shoulder. Physical examination findings of the left shoulder included forward flexion to 165 degrees, abduction to 165 degrees, and internal rotation to L2 and 4/5 strength in all planes. He was then recommended he complete his sessions of physical therapy and then proceed with work conditioning physical therapy as he required full functional use of his left shoulder for his job. He was also recommended to continue with icing, anti-inflammatories, and Vicodin as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Conditioning with Physical Therapy 2x6 for Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement. Decision based on Non-MTUS Citation Official Disability Guidelines: Work Conditioning

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning (hardening) Page(s): 125-126.

Decision rationale: The MTUS Chronic Pain Guidelines state that work conditioning is recommended as an option. To qualify, the MTUS gives specific criteria: 1. Functional limitations precluding ability to safely achieve job demands, 2. After trial of physical therapy and unlikely to benefit from continued physical therapy, 3. Not a candidate for surgery or other treatments, 4. Recovery from the conditioning to allow a minimum of 4 hours a day for three to five days a week of active participation at work, 5. A defined return to work goal, 6. Worker must be able to benefit from the program, 7. Worker must be no more than 2 years post date of injury, 8. Work conditioning should be completed in 4 weeks or less, 9. Treatment is not supported for longer than 1-2 weeks without evidence of compliance and benefit, 10. Upon completion, there is no need to repeat the same or similar conditioning program in the future. For those who qualify, the MTUS Guidelines suggest 10 visits over 8 weeks. In the case of this worker, there are a few reasons why work this request was inappropriate at this time for this worker. He had not completed his sessions of physical therapy at the time of the request. Also, the request was for 6 weeks duration, instead of 1-2 weeks, which would be for a trial with the option of continuing another 2 weeks if successful. Also, there were no specific stated goals to measure success. Therefore, the Work Conditioning with Physical Therapy is not medically necessary.