

Case Number:	CM14-0056097		
Date Assigned:	07/09/2014	Date of Injury:	11/14/2013
Decision Date:	11/07/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/25/2014

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 Internal Medicine 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 (IW) is a 64 year-old woman with a date of injury of January 14, 2013. She was in a parking lot, tripped and fell over the bumper/divider near a fence. She put her hands out to break her fall. She is status post right shoulder arthroscopy with subacromial decompression on July 22, 2013, SCD and biceps tendonitis. Other treatment has included post-operative physical therapy (PT); PT notes from November and December 2013 stated that the IW continued to make gains in range of motion and strength. The January 24, 2014 office visit note documented complaints of difficulty with right shoulder movements. On exam, right shoulder range of motion and strength were limited. Impingement tests were negative. Due to the nature of prior supraspinatus tear, treatment plan included diagnostic ultrasound to evaluate the cuff prior to consideration of return to light activities. The office visit note dated February 13, 2014 stated that the IW reported that she had no current complaints. On exam, forward flexion and external rotation of the shoulder were less than on the January 24, 2014 exam. The strength was unchanged. There was no tenderness. Shoulder ultrasound showed intact supraspinatus repair, intact subscapularis, intact biceps tendonesis, and intact posterior cuff. The IW was noted to be doing well. Continued PT was recommended. The office visit noted dated March 27, 2017 indicated the IW was doing well and she had improvement in her shoulder. She was taking no medication. On exam, right shoulder range of motion and strength remained limited. Work limitations include modified duty, and no lifting over 10 pounds. She continues a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Work Hardening Program, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Page(s): 125.

Decision rationale: Pursuant to the California MTUS Chronic Pain Medical Treatment Guidelines, the criteria for work hardening are not met. The guidelines are clear and recommend work hardening for patients whose jobs are at a medium or higher physical demand level. In this case, the demand level of the injured worker's usual job or job description is not documented. The nature of the job and its description need to be in the documentation. There is no documentation for possible psychological factors which may affect the injured workers ability to benefit from a work hardening program. The treating physician's current request is for 12 sessions of work hardening. However, the MTUS guidelines do not support the program longer than 1 to 2 weeks of work hardening without evidence of compliance and measurable subjective/objective gains. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, the Physical Therapy Work Hardening Program, 12 sessions is not medically necessary and appropriate.