

<b>Case Number:</b>	CM14-0068100		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	04/10/2013
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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 worker sustained an injury on April 10, 2013. He had right shoulder arthroscopy May 8, 2013 and has a diagnosis of labral tear. He had a right elbow cubital tunnel release with anterior subcutaneous ulnar nerve transposition on November 25, 2013 after which he completed 24 sessions of physical therapy. The documentation from an orthopedic follow up visit on April 17, 2014, states "I am recommending another regimen of physical therapy in the form of work hardening. The patient has a class IV arduous. In order for him to return to full functional work status and rehab his right elbow completely, more formal physical therapy is warranted for him to continue to begin strengthening and as well as decrease the deficits in regards to his numbness, tingling and sharp pains." Physical therapy 2 times a week for 6 weeks with work conditioning was requested April 17, 2014. He was released to restricted work effective April 21, 2014 including lifting limited to 15 pounds, no forceful pushing or pulling and no repetitive motion with the right extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for right shoulder with work conditioning 2 x 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines - Work Conditioning

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125, Postsurgical Treatment Guidelines Page(s): 26-27.

**Decision rationale:** The request for authorization referenced the diagnosis of labral tear but the medical documentation related to the request for physical therapy only references the right elbow. There is no documentation regarding the shoulder to indicate the need for physical therapy of the shoulder. The postsurgical physical medicine treatment period for the shoulder is 6 months. This request has been made beyond that time period. Furthermore, according to the MTUS, "Work Hardening Programs should be completed in 4 weeks consecutively or less. Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities." This request for 6 weeks is outside of the parameters for work hardening.