

Case Number:	CM14-0069867		
Date Assigned:	07/14/2014	Date of Injury:	12/24/2010
Decision Date:	08/26/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/15/2014

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 December 24, 2010. A utilization review determination dated April 22, 2014 recommends noncertification for 8 sessions of physical therapy. Noncertification was recommended due to lack of documentation of objective impairments in addition to the patient being declared permanent and stationary over 6 months ago and released to the labor market. An undated physical therapy prescription recommends physical therapy for a self-directed home program and functional capacity evaluation. A progress note dated May 7, 2014 indicates that a functional capacity evaluation and QME recommended physical therapy and strengthening. The note goes on to indicate that strengthening of neck, shoulders, and arms is necessary for the patient to return to work. The patient is trying diligently to exercise at home, but uncertain of parameters and limitations and even uncertain if she is performing exercises correctly. Physical examination reveals tenderness in the right shoulder with right shoulder stiffness and reduced range of motion. Motor examination reveals equal strength bilaterally rated as 5/5. Sensation is intact in both shoulders. Diagnoses include right shoulder status post rotator cuff repair, cervical fusion, and depression. The treatment plan recommends continuing medications. A functional capacity evaluation dated February 21, 2014 indicates that the patient does not meet all of the physical demands of her job as a meter reader for [REDACTED]. The note goes on to indicate that the patient was safely able to lift 25 pounds overhead, 30 pounds to shoulder, and 50 pounds to waist. Frequent or repetitive lifting is limited to 20 pounds from floor to shoulder levels and any repetitive overhead lifting should be avoided. The note goes on to state that the patient demonstrated the safe and dependable ability to work in the select medium physical demand level. A qualified medical evaluation dated September 20, 2013 indicates that no provisions for future treatment are necessary. The note goes on to state that working 8 hours per day 5 days per week is within her capabilities. She has full range of motion in the cervical

spine and shoulder. The patient indicates that she has to lift grates, heavy covers, and therefore restrictions of lifting to no greater than 25 pounds would appear to be limited in any capacity for ground up as well as from below waist and waist to chest and above shoulder. The note goes on to state that a 100% release to duties described in the job description does not appear to be appropriate; however, restriction of lifting with the right arm to no greater than 25 pounds in any capacity appears to be appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x8 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines and physical therapy. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200, Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 125-6 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. This request is similar to a request for work hardening, California MTUS cites various criteria for work hardening, including: Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA); 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; Not a candidate where surgery or other treatments would clearly be warranted to improve function; Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week; A defined return to work goal agreed to by the employer & employee (A documented specific job to return to with job demands that exceed abilities, OR Documented on-the-job training); The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program; and The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit. Within the documentation available for review, this current request falls between two appropriate guidelines. The 1st guidelines are related to work hardening. The

patient meets all criteria for work hardening with the exception of the injury being over 2 years old. Physical therapy general guidelines are also appropriate. It is unclear how many physical therapy sessions the patient has already undergone. She clearly has some remaining strength deficits which have not resolved despite a home exercise program. These strength deficits will not allow her to continue in her previous job. Clearly, the patient appears motivated to return to her previous job if those strength deficits were able to be addressed. The patient is concerned about her ability to increase strength using an exercise program at home due to concern that she may not be doing the appropriate exercises using the appropriate biomechanics. As such, a trial of physical therapy to work on strengthening, and instructing the patient in a progressive home strengthening program with resistance seems reasonable to give this patient one last chance to return to her previous employment. Therefore, the currently requested additional physical therapy is medically necessary.