

Case Number:	CM14-0079560		
Date Assigned:	07/18/2014	Date of Injury:	11/09/2011
Decision Date:	08/25/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/29/2014

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 Interventional Spine 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 64 year old female with an injury date on 11/09/2011. Based on the 03/24/2014 progress report provided by [REDACTED], the diagnoses are: 1. Right shoulder rotator cuff tear 2. Right carpal tunnel syndrome 3. Right elbow epicondylitis. According to this report, the patient complains of dull pain and swelling of the right shoulder and weakness of the hand. Examination of the right shoulder reveals tenderness over the AC joint and the biceps tendon. The Mid Arc sign, Drop sign, Neer sign and Hawkin sign are positive. The right shoulder range of motion is decreased, approximately 50%. Muscle strength of the right shoulder is a 4/5, 5/5 is normal. Examination of the right elbow reveals tenderness and swelling over the medialepicondyle and olecranon process. Pain is noted in full extension, resisted pronation and supination. The Tinnel's sign is positive. The right elbow range of motion is slightly decreased. Muscle strength of the right elbow is a 4/5, 5/5 is normal. The patient is status post right rotatorcuff repair on 08/16/2012. [REDACTED] is requesting postoperative physicaltherapy for the right shoulder 3 times a week for 4 weeks and work conditioning/hardening for the right shoulder 3 times a week for 4 weeks. There were no other significant findings noted on this report. The utilization review denied the request on 05/21/2014. [REDACTED] is the requesting provider, and provided treatment reports from 12/11/2013 to 06/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy right shoulder 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, page(s) 98,99.

Decision rationale: According to the 03/24/2014 report by [REDACTED] this patient presents with dull pain and swelling of the right shoulder and weakness of the hand. The treating physician is requesting 12 sessions of physical therapy for the right shoulder. The patient is status post right rotator cuff repair on 08/16/2012 and is outside of post-surgical time-frame and for therapy treatments. California Medical Treatment Utilization Schedule (MTUS) guidelines page 98 and 99 allow 9-10 visits for myalgia, myositis, and the type of condition this patient suffers from. In this request, a short course of therapy may be reasonable if the patient's symptoms are flared with significant decline in function. However, the treating physician does not discuss the patient's treatment history nor the reasons for requested additional therapy. There are no discussions regarding what is to be achieved with additional therapy nor the patient's progress from prior therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treating physician provide monitoring of the patient's progress and make appropriate recommendations. In addition, the requested 12 sessions exceed what is recommended by MTUS. The requested treatment is not medically necessary and appropriate.

Work conditioning/hardening right shoulder 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening page 125.

Decision rationale: According to the 03/24/2014 report by [REDACTED] this patient presents with dull pain and swelling of the right shoulder and weakness of the hand. The treating physician is requesting 12 sessions of work hardening for the right shoulder. The UR denial letter is not clear that the patient has completed all other reasonable lower level care and has deficit that required an intensive program. No functional capacity evaluation has been reported that would be used to set and monitor the goals of this program. Regarding work hardening, California Medical Treatment Utilization Schedule (MTUS) guidelines page 125 recommend it as an option, depending on the availability of quality programs. One of the criteria for admission to work hardening is that 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. Review of the reports show that the patient dates of injury was over 2 years. Furthermore, the treating physician does not indicate whether or not the patient has a job to return to. The requested treatment is not medically necessary and appropriate.