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| Case Number: | CM14-0079905 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 11/06/2012 |
| Decision Date: | 11/26/2014 | UR Denial Date: | 05/02/2014 |
| Priority: | Standard | Application Received: | 05/30/2014 |

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 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:

This is a patient of the date of injury of November 6, 2012. A utilization review determination dated May 2, 2014 recommends noncertification of work conditioning 8 visits for the right shoulder. Modified certification is recommended for 4 additional work conditioning sessions. A physical therapy report dated April 7, 2014 indicates that the patient's range of motion is within normal limits and advises the use of light dumbbells for passive stretch for the latissimus and pectoralis. A report dated April 9, 2014 states that overall the patient has increased right shoulder strength with some. Scapular weakness remaining. The patient has improved flexibility of the pectoralis minor but needs continued guidance for improved strengthening of the scapular thoracic muscles. Additional work hardening is recommended. A progress report dated January 20, 2014 identifies subjective complaints of right shoulder loss of motion and strength deficits. Physical examination findings reveal slightly restricted shoulder range of motion with weakness in all planes. Diagnoses include right shoulder pain status post-surgery. Additional therapy is recommended as well as a home physical therapy kits due to remaining functional deficits. A progress report dated March 4, 2014 states that the patient has been progressing slowly and steadily with physical therapy and was recently approved for work hardening physical therapy 2 times a week for the next 6 weeks for 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning eight (8) Physical Therapy visits for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work hardening. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Medicine guidelines-Work Conditioning

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-6 of 127.

Decision rationale: Regarding the request for additional Work conditioning, Chronic Pain Medical Treatment Guidelines state that work conditioning may be an option when functional limitations preclude the ability to safely achieve current job demands which are in the medium or higher demand level (not sedentary work). A functional capacity evaluation may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis. After treatment with an adequate trial of physical therapy or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy or general conditioning. Additionally, the patient must have achieved sufficient recovery to allow for a minimum of 4 hours a day 3 to 5 days per week as well as having a defined return to work goal agreed to by the employer and employee. Guidelines support up to 10 work conditioning sessions. Within the documentation available for review, it is unclear how many work conditioning sessions the patient has already undergone. Furthermore, there is no physician progress report following the 12 additional sessions which were discussed on the March 4, 2014 progress report. A physical therapy report in April 2014 seems to indicate that the main remaining deficit is weakness. This can frequently be improved with a home exercise program of progressive strengthening. There is no statement indicating why a home exercise program with progressive strengthening would be insufficient for the patient to address any remaining objective functional deficits. In the absence of clarity regarding those issues, the currently requested Work conditioning eight (8) Physical Therapy visits for the right shoulder are not medically necessary and appropriate.