

Case Number:	CM14-0189700		
Date Assigned:	11/20/2014	Date of Injury:	04/03/2013
Decision Date:	01/09/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/13/2014

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:

The patient is a 54 year old female with an injury date of 04/03/13. Based on the 09/26/14 progress report provided by treating physician, the patient complains of right shoulder pain. Patient is status post right shoulder partial supraspinatus and infraspinatus tendon tear surgery, date unspecified. Physical examination to the right shoulder revealed well-healed surgical incisions. Range of motion was painful and abduction limited to 130 degrees. Patient started physical therapy again and continues to have pain with exercises. She has not had any work conditioning. Patient returned to modified duty. Diagnosis 09/26/14- right shoulder tendonitis-trapezius strain- partial tear of the supraspinatus and infraspinatus tendons, status post-surgery. The utilization review determination being challenged is dated 10/13/14. Treatment reports were provided from 04/01/14 - 09/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One work conditioning evaluation of the right shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Conditioning Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125-126.

Decision rationale: The patient presents with right shoulder pain. The request is for one work conditioning evaluation of the right shoulder. Patient is status post right shoulder partial supraspinatus and infraspinatus tendon tear surgery, date unspecified. Patient's diagnosis on 09/26/14 included right shoulder tendonitis and trapezius strain. Patient started physical therapy again and continues to have pain with exercises. She has not had any work conditioning. Patient returned to modified duty. MTUS guidelines, pages 125-126 require possible functional capacity evaluation; not a candidate for surgery; ability to participate for a minimum of 4 hours day for 3-5 days/week; a specific job to return to; a screening process to determine likelihood of success; no more than 2 years from the date of injury; and the program to be completed in 4 weeks or less. It appears provider is requesting work conditioning evaluation, as he is also concurrently requesting work conditioning three times a week for four weeks, per progress report dated 09/26/14. The reports also indicate that the patient has returned to modified work. The request appears reasonable, as the patient very well may benefit from work conditioning program. The patient appears motivated, and has a job to return to. An initial evaluation may be appropriate to determine whether or not the patient may benefit for a full course of work conditioning. The request is medically necessary.

Eleven sessions of work conditioning to the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Conditioning Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125-126.

Decision rationale: The patient presents with right shoulder pain. The request is for eleven sessions of work conditioning to the right shoulder. Patient is status post right shoulder partial supraspinatus and infraspinatus tendon tear surgery, date unspecified. Patient's diagnosis on 09/26/14 included right shoulder tendonitis and trapezius strain. Patient started physical therapy again and continues to have pain with exercises. She has not had any work conditioning. MTUS guidelines, pages 125-126 require possible functional capacity evaluation; not a candidate for surgery; ability to participate for a minimum of 4 hours day for 3-5 days/week; a specific job to return to; a screening process to determine likelihood of success; no more than 2 years from the date of injury; and the program to be completed in 4 weeks or less. Per progress report dated 09/26/14, provider is requesting work conditioning three times a week for four weeks. It appears patient returned to modified duty, however there is no discussion regarding screening and whether or not the patient is able to tolerate the program. The request is not medically necessary.