

Case Number:	CM15-0007709		
Date Assigned:	01/26/2015	Date of Injury:	04/19/2013
Decision Date:	03/17/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 36 year old male, who sustained an industrial injury on 4/19/2013 when he was taking a piece of plastic off of a machine and he felt a sharp pain in the shoulder and up into the neck. The diagnoses have included impingement syndrome with subacromial bursitis and synovitis right shoulder, rotator cuff tendinitis, chronic right shoulder pain and status-post right shoulder residual surgery. Treatment to date has included surgical intervention, physical therapy, activity modifications and medications. On 8/22/14 he underwent manipulation under anesthesia, right shoulder; arthroscopic subacromial decompression, partial anterior acromioplasty coracoacromial ligament release with subacromial synovectomy and bursectomy, and right shoulder joint injection. Currently, the IW complains of right shoulder pain, and improved range of motion status post-surgical intervention. Objective findings included healed arthroscopic scars with no evidence of infection; Range of motion testing revealed flexion and abduction 160 degrees but there is pain with range of motion. Grip strength by Jamar testing, in pounds is right 64 and left 96. On 12/22/2014, Utilization Review non-certified a request for physical therapy for work hardening (2x4), noting that there are no extenuating circumstances to exceed the current treatment guidelines. The MTUS and ODG were cited. On 1/13/2015, the injured worker submitted an application for IMR for review of physical therapy for work hardening (2x4).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Work Hardening 2 Times a Week for 4 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Shoulder, work conditioning/work hardening

Decision rationale: The MTUS and ODG guidelines recommended work conditioning/work hardening as an option, depending on the availability of quality programs. Criteria for admission to a Work Hardening Program: (1) 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). (2) 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. (3) Not a candidate where surgery or other treatments would clearly be warranted to improve function. (4) 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. (5) A defined return to work goal agreed to by the employer & employee: (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training. (6) 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. (7) 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. (8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less. (9) 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. (10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. ODG Physical Medicine Guidelines Work Conditioning 10 visits over 8 weeks. In this case 24 post operative physical therapy visits were completed. There are no job requirements documented. No FCE has been performed. The treatment note on 12/2/14 shows continued improvement with no plateau reached. The request for work hardening 2 times per week for 4 weeks is not consistent with the MTUS and ODG guidelines and is not medically necessary.