

Case Number:	CM15-0143602		
Date Assigned:	08/04/2015	Date of Injury:	07/26/2013
Decision Date:	09/08/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/24/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 54 year old male, who sustained an industrial injury on 7-26-13. Initial complaint was of his right shoulder. The injured worker was diagnosed as having right rotator cuff tear; cervical radiculopathy. Treatment to date has included physical therapy; Work Conditioning Program. Currently, the PR-2 notes dated 6-30-15 are hand written and difficult to decipher. A typed PR-2 note dated 4-9-15 indicated the injured worker returned on this date for an evaluation. He has been attending physical therapy treatment for his cervical spine and is doing home exercises for his shoulder. He complains of weakness in the right upper extremity. This provider documents a physical examination noting good range of motion of the right shoulder. There is weakness of the abductors, internal and external rotators of the right shoulder. Abduction is to 160 degrees, external rotation is 60 degrees and internal rotation is 50 degrees. The injured worker is noted to have pain with range of motion of the cervical spine. The provider documents his recommendation of a course of work hardening for the right shoulder. The provider notes he should remain on temporary total disability for the next six weeks and after which he should return to his regular duties. The provider is requesting authorization of Work Conditioning Program, right shoulder (visits) QTY: 12. The patient sustained the injury when he grabbed a client to prevent him from falling. As per the records provided on 10/16/14 patient has reached MMI and was considered permanent and stationary. The patient's surgical history include right shoulder surgery. Any surgical or procedure note related to this injury was not specified in the records provided. The patient had received an unspecified number of the PT and work conditioning visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Conditioning Program, right shoulder (visits) QTY: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page 125-126 Work conditioning, work hardening. Decision based on Non- MTUS Citation Official Disability Guidelines Treatment in Workers' Comp., online Edition Chapter: Shoulder (updated 08/06/15).

Decision rationale: Request Work Conditioning Program, right shoulder (visits) QTY: 12. Per the CA MTUS guidelines cited below, criteria for work conditioning includes: (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. (5) A defined return to work goal agreed to by the employer & employee: (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. ODG guidelines cited below recommend up to 10 visits over 4 weeks, work conditioning sessions for this diagnosis. The patient had received an unspecified number of the PT and work conditioning visits for this injury. The requested additional visits in addition to the previously rendered work conditioning sessions are more than recommended by the cited criteria. The detailed notes from the previous work conditioning sessions documenting significant progressive functional improvement were not specified in the records provided. As per ODG, when treatment duration or the number of visits exceeds the guideline, exceptional factors should be noted. Per cited guidelines "Repetition: Upon completion of a rehabilitation program (e.g., work conditioning, work hardening, outpatient medical rehabilitation, or chronic pain/functional restoration program) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury." Therefore, repetition of the similar rehabilitation program is not recommended. Patient has received an unspecified number of PT visits for this injury. There are no complete therapy progress reports that objectively document the clinical and functional response of the patient from the previously rendered sessions. As per the ODG " Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program. Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end." A work-related musculoskeletal deficit with the addition of evidence of physical deficits that preclude ability to safely achieve current job demands was not specified in the records provided. The medical records submitted did not provide documentation regarding a specific defined return-to-work goal or job plan that has been established, communicated

and documented. There was no documentation provided for review that the patient failed a return to work program with modification. A recent FCE documenting physical demands level was not specified in the records provided. Per the records provided, the patient has received an unspecified number of PT visits for this injury. There are no complete therapy progress reports that objectively document the clinical and functional response of the patient from the previously rendered sessions. As cited below, there should be an evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau, with evidence of no likely benefit from continuation of this previous treatment. Any such type of evidence is not specified in the records provided. Previous PT visit notes are not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Work Conditioning Program, right shoulder (visits) QTY: 12 is not fully established in this patient.