

Case Number:	CM15-0191972		
Date Assigned:	10/06/2015	Date of Injury:	11/11/2014
Decision Date:	11/12/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	09/29/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 33-year-old male, with a reported date of injury of 11-11-2014. The diagnoses include status post left shoulder SLAP (superior labral anterior posterior) repair with adhesive capsulitis. Treatments and evaluation to date have included left shoulder arthroscopic labral repair on 04-08-2015, and physical therapy. The diagnostic studies to date have not been included in the medical records provided. The progress report dated 09-16-2015 indicates that the injured worker presented for a follow-up examination. It was noted that his range of motion has started to improve since the last visit. The objective findings included forward elevation at 170 degrees; abduction was slightly less at 160 degrees; and posterior internal rotation was increased to T10 versus on the other side with T6. The treating physician noted that the progress note from physical therapy was reviewed, and it showed that the injured worker was making definite progress, and still had not really started much overhead strengthening yet. The treatment plan included continuation of physical therapy. The injured worker remained disabled. The medical records included physical therapy progress notes from 05-22-2015 through 07-2015. The request for authorization was dated 09-21-2015. The treating physician requested continued physical therapy (work conditioning) for the left shoulder times 18 sessions. On 09-29-2015, Utilization Review (UR) non-certified the request for continued physical therapy (work conditioning) for the left shoulder times 18 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy (work conditioning) - left shoulder, QTY: 18: 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), Shoulder, work conditioning/hardening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

Decision rationale: Review indicates the patient is s/p left shoulder arthroscopic labral repair on 04-08-2015 with at least 24 post-op PT visits authorized. Chronic Pain Guidelines, post-operative therapy allow for 24 visits over 14 weeks for shoulder arthroscopy with postsurgical physical medicine treatment period of 6 months. Submitted reports have not demonstrated any post-operative complications or commodities with ADL limitations to support further physical therapy beyond the guidelines criteria. Guidelines do not support the use of Work conditioning when ongoing treatment is occurring and the provider has continued treatment plan for treatment. Additionally, work conditioning is generally not a consideration when the duty status remains unchanged without evidence of functional improvement from treatment rendered. Submitted reports have not adequately demonstrated maximal efforts with functional limitations precluding the patient from current job demands, documented plateau status from trial of physical or occupation therapy, unlikely to improve with continued therapy; nor identify patient to be a non-surgical candidate with sufficient medical and physical recovery to allow for progressive reactivation and participation in the work conditioning program. Work conditioning in the true sense is focused exercises by the patient, utilized in the presence of musculoskeletal dysfunction when the problem is non-surgical and there has been no response to the standard amount of physical therapy, not pertinent here. Modified work should have been attempted and there should be a clear understanding of the specific goal that cannot be performed independently, not identified here. Criteria for program admission also require prior mutual agreement between the employee and employer of a defined return to work goal; specific job to return to with documented on-the-job training available not been demonstrated here. The worker must be no more than 2 years past date of injury and 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. Upon completion of the rehabilitation program, neither re-enrollment in or repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. The individual in most cases can perform work conditioning after initial instruction by a Physical Therapist. Criteria for work conditioning have not been met or established in this case. The Continued physical therapy (work conditioning) - left shoulder, QTY: 18 is not medically necessary and appropriate.