

Case Number:	CM13-0031370		
Date Assigned:	12/04/2013	Date of Injury:	04/12/2011
Decision Date:	02/19/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 male patient with a date of injury of 4/12/11. A progress report dated 7/18/13 identifies subjective complaints including pain 2/10 at rest and 5/10 with activity 3 ½ months after shoulder surgery. The patient had only completed 12 PT visits at that point. Objective examination findings identify tenderness to the posterosuperior aspect of the left shoulder. Pain with ROM, but motion is increased to 160 abduction and 180 forward flexion. Internal rotation remains limited at L5. Diagnoses include s/p strain/sprain, left shoulder, s/p SLAP repair; rotator cuff tear, left shoulder, s/p surgical repair to include extensive debridement, acromioplasty, and bursectomy; s/p surgical repair, left shoulder, x 2. Treatment plan recommends six additional PT/rehab visits for the left shoulder as requested by [REDACTED]. The UR report references an 8/8/13 progress report that identifies subjective complaints of left shoulder pain 2/10 at rest and 5/10 with activity. Objective findings include moderate tenderness to the posterosuperior aspect of the left shoulder; motion has increased to 160/180 degrees in abduction and forward flexion. Treatment recommendations include a request for authorization of 6 additional physical therapy sessions to include functional work conditioning. The UR report also notes that 18 PT sessions were authorized postoperatively

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Physical Therapy to include Work Hardening two (2) hours a day, three (3) days a week for two (2) weeks i: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning and Work Hardening Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section on Physical Medicine Guidelines - Work Conditioning.

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

Decision rationale: California MTUS cites various criteria for work hardening, including: 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); 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; not a candidate where surgery or other treatments would clearly be warranted to improve function; 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; a defined return to work goal agreed to by the employer & employee: documented specific job to return to with job demands that exceed abilities, or documented on-the-job training; and the worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Within the documentation available for review, there is indication that the patient was improving with physical therapy rather than having plateau. Additionally, there is no documentation of the need to return to a medium or higher demand level job and a clearly defined return to work goal to support the need for the incorporation of work hardening to a physical therapy program. In light of the above issues, the currently requested physical therapy to include work hardening two (2) hours a day, three (3) days a week for two (2) weeks is not medically necessary.