

Case Number:	CM14-0153341		
Date Assigned:	09/23/2014	Date of Injury:	05/22/2012
Decision Date:	10/24/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/19/2014

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 & Rehabilitation 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 45-year-old male who has submitted a claim for shoulder and upper arm sprains/strains associated with an industrial injury date of May 22, 2012. Medical records from 2014 were reviewed. The patient complained of right shoulder pain rated 3-4/10. He has reached MMI on November 2013. Examination of the right shoulder showed significant atrophy; moderate tenderness over the right shoulder and right rotator cuff; limitation of motion; and muscle strength of 4/5. The diagnoses were status post right shoulder arthroscopic surgery. Treatment to date has included oral analgesics, shoulder cortisone injection, right shoulder surgery and physical therapy. Utilization review from August 26, 2014 denied the request for PT (physical therapy), work hardening, 2 times a week for 6 weeks, QTY: 12 sessions because the injury is over 2 years old. There is no discussion regarding a home exercise program. There is also no evidence of physical and medical recovery sufficient to allow for progressive reactivation. Lastly, there was no documented specific job to return to with job demands that exceed abilities.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT (physical therapy), work hardening, 2 times a week for 6 weeks, QTY: 12 sessions:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Conditioning (WC) Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening, Page(s): 125.

Decision rationale: Page 125 of the CA MTUS Chronic Pain Medical Treatment Guidelines stated the criteria for admission to a Work Hardening Program. These include: work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands; after treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau; a defined return to work goal agreed to by the employer & employee; and Work Hardening Programs should be completed in 4 weeks consecutively or less. 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. An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). In this case, there was no documentation regarding a defined return to work goal, and an FCE was not provided as well. There was also no evidence of an adequate trial of physical therapy with notable improvement and subsequent plateau. Furthermore, the requested amount and duration of treatment exceed guideline recommendation of 1-2 week trial. Likewise, documentation of subjective and objective gains and measurable functional improvements are required prior to continuation to the full course of treatment. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for PT (physical therapy), work hardening, 2 times a week for 6 weeks, QTY: 12 sessions is not medically necessary.