

Case Number:	CM13-0016777		
Date Assigned:	11/06/2013	Date of Injury:	04/12/2011
Decision Date:	02/05/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/26/2013

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 Occupational Medicine 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:

Claimant is a 48 year old male with date of injury 04/12/2011 with injury to his left shoulder. He is status post left shoulder arthroscopy, revision subacromial decompression and manipulation with lysis of adhesions on 3/4/2013. He has had 18 post-operative physical therapy sessions. Current pain is 2/10 at rest and 5/10 with repetitive pushing, pulling, using left arm at or above shoulder level, or lifting greater than 25 pounds. On exam there is mild to moderate tenderness to posterosuperior aspect of left shoulder. There is pain on abduction and flexion at 90 degrees. Motion has increased to 160/180 degrees in abduction and flexion. Internal rotation remains limited at L5. Muscle strength in upper extremities is equal and bilateral symmetrically. Deep tendon reflexes are 2+/4 and symmetrical. His diagnoses include 1) sprain/strain of left shoulder, 2) status post SLAP repair, 3) rotator cuff tear, left shoulder, 4) status post surgical repair to include extensive debridement, acro,ioplasty and bursectomy, 5) status post surgical repair of left shoulder x2. Claimant is on modified work duty. Physical therapy note dated 8/29/2013 reports that the claimant has had a total of 35 physical therapy sessions, 2 missed appointments, and 2 sessions remaining on current prescription. Physical therapy reports the claimant has no pain and that his shoulder feels good. He has normal range of motion in the left shoulder, 5/5 strength in the left shoulder, and no tenderness to palpation. He has progressed as expected and has met most treatment goals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning for six (6) sessions two (2) hours per day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Conditioning, and Work Hardening.

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

Decision rationale: The claimant has had many physical therapy sessions, and has shown progress as expected. He has been given home exercises, and should be able to continue his exercise routine after he completes his prescribed physical therapy. He has been informed that he will need to aggressively participate in physical therapy, which it appears he has done, and reached the majority of his therapy goals with significant progress in areas where he is short of his treatment goals. Based on these guidelines in regards to the progress seen in physical therapy, work conditioning is not medically necessary.