

<b>Case Number:</b>	CM13-0066456		
<b>Date Assigned:</b>	04/02/2014	<b>Date of Injury:</b>	04/05/2010
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 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 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 50 year old male who was injured on 04/05/2010 while working as a ski instructor who sustained an injury to his bilateral shoulders and cervical spine. Prior treatment history has included cervical treatments reported were ESI and physical therapy. Diagnostic studies reviewed include MRI cervical on 07/13/2011 and EMG/NCV bilateral upper extremities on 07/20/2011 were reviewed. Visit note dated 11/21/2013 indicated the patient presented with a complaint of bilateral shoulder pain, left greater than right. The injury occurred on 04/06/2010. Since that time, he has had surgery on his right shoulder. He also had significant cervical injury which he was attending physical therapy for. Objective findings on examination of the left shoulder revealed no significant deformity, atrophy, or swelling. The patient had no abrasions, lacerations or rashes. There was tenderness to palpation over the lateral border of the acromion. His range of motion exhibited forward flexion to 165 degrees, abduction of 10 degrees, and internal rotation to L-2. The patient had 5/5 strength of the scapular stabilizers. His rotator cuff strength was 5/5. The patient had positive Neer and Hawkins impingement signs. There was a negative apprehension and relocation test. His right shoulder exam revealed no significant deformity, atrophy, or swelling. The patient had no abrasions, lacerations or rashes. There was tenderness to palpation over the lateral border of the acromion. His range of motion exhibited forward flexion to 160 degrees, abduction of 150 degrees, and internal rotation to L-2. There was marked crepitus on all motions in the subacromial space. The patient had 5/5 strength of the scapular stabilizers. His rotator cuff strength was 4.5/5. The patient had positive Neer and Hawkins impingement signs. There was a negative apprehension and relocation test. Neurologic status to the upper extremity was intact. There was no cervical spine examination. The patient was reported to have left shoulder

pain and documented full thickness rotator cuff tear. He would like to proceed with a left shoulder arthroscopy, subacromial decompression and arthroscopic rotator cuff repair. Progress notes dated 10/15/2013 reported the physical therapy was working on neck, causing some increased shoulder pain but overall doing much better with physical therapy and will request more visits-only 4 were authorized. The patient is planning on going to [REDACTED] for the winter with home physical therapy program. He did not have an exam at this visit.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **PHYSICAL THERAPY CERVICAL 2 X 6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The Expert Reviewer's decision rationale: "Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007). Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks." Patient had already had the recommended amounts of PT and has been educated on Home Based Exercise program. This is not medically necessary given the large of amount of PT prescribed (12 sessions) and already completed.

