

<b>Case Number:</b>	CM14-0018449		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	10/11/2012
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

This is a 50-year-old female with a complaint of shoulder and neck pain as a result of vehicle versus pedestrian accident that occurred on 10/11/12. Since that time, her pain has progressively worsened and she underwent a right shoulder arthroscopic approached subacromial decompression and rotator cuff repair in June of 2013. Additionally, the patient has suffered from neck pain with associated spasm, stiffness and waxing / waning tension; this has gradually improved with physical therapy. On physical examination of a Revised Initial Evaluation dated 01/31/14, the patient exhibited tenderness and spasm in the cervical spine with pain on extension of the cervical spine, measurable decreased range of motion, predominately extension and right rotation. No documentation is made regarding shoulder range of motion. The requesting physician's medical treatment plan is to continue physical therapy for an additional 4 weeks two times weekly.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL PHYSICAL THERAPY (2) TIMES PER WEEK FOR (4) WEEKS:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation (ODG-TWC), Shoulder Chapter, Postsurgical Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTION AND TREATMENTS Page(s): 11-12, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical Therapy

**Decision rationale:** If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. Afterward and with documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Patients shall be reevaluated following continuation of therapy when necessary or no later than every forty-five days from the last evaluation to document functional improvement to continue physical medicine treatment. Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals. According to the ODG guidelines for physical therapy following shoulder surgery, if it was approached arthroscopically, then a total of 24 visits over 14 weeks is authorized; however, if performed via an open procedure, then a total of 30 visits over 18 weeks is authorized. In general, it is recommended that active therapy was found to be of greater benefit than passive therapy. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. Active therapy is based on the philosophy that therapeutic exercise and/or activity are 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. The guidelines specifically address documenting a patient's functional improvement with an expectation of the reduction of such therapy as independence from such therapy occurs and the patient continues treatment as part of a home exercise program. Because there is no documented functional improvement to provide feedback as to the efficacy of the physical therapy and home exercise program provided, further physical therapy is not warranted. The request has no merit and is therefore not medically necessary.