

<b>Case Number:</b>	CM14-0155865		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	11/20/2012
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Occupational Medicine and is licensed to practice in Illinois. 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 injured worker is a 38 year old woman with a date of left shoulder injury on 11/20/2012. She was diagnosed with a superior labrum anterior posterior (SLAP) tear. She had manipulation under anesthesia, arthroscopy and lysis of adhesions. She had a biceps tendon injection in June 2014 with resolution of her pain one week later. There are conflicting reports of the number of physical therapy (PT) sessions, with ranges from 34 to 48 sessions of physical therapy (PT) since February of 2014. She is performing daily home exercises. Per the last attached office visits on July 22, 2014 and Aug 2014, the worker complains of left shoulder pain. Per physical therapy note of Aug 27, 2014 that was signed by her treating provider, her shoulder strength is 4-5/5 and flexion, abduction, external rotation are normal, with some pain during abduction. Her elbow strength is 4/5 and she has full range of motion with pain at 1/10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve additional physical therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision

based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Physical Medicine Treatment

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) recommends physical treatment methods, activities and exercise for shoulder complaints. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the injured worker) can provide short term relief during the early phases of acute pain treatment or acute exacerbations of chronic pain 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 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). Injured workers 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. Per the Medical Treatment Utilization Schedule (MTUS), Physical Therapy Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy (PT). 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. There are conflicting reports of the number of physical therapy (PT) sessions provided, with ranges from 34 to 48 sessions of physical therapy (PT) since February of 2014. There is documentation of almost 100% functional improvement and dramatically decreased levels of pain with improved range of motion. There is no reason given as to any exceptional circumstances existing to require more than the three times the recommended number of sessions that have already taken place. The worker has performed home-based exercise program daily and should continue it per Guidelines as an extension of the treatment process in order to maintain improvement levels. Therefore the request is not medically necessary.