

<b>Case Number:</b>	CM14-0184971		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	03/21/2014
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 54-year-old man who sustained a work-related injury on March 21, 2014. Subsequently, the patient developed shoulder pain. MRI of the right upper extremities joint dated September 18, 2014 showed type II acromion with degenerative changes in the acromioclavicular joint. Tendinosis of supraspinatus tendon. There was thickening and edema in the inferior aspect of capsule in the axillary pouch, consistent with adhesive capsulitis. The patient had about 20 sessions of physical therapy but the shoulder range of motion was still very limited. According to the progress report dated October 3, 2014, the patient complained of right shoulder pain that was not getting any better. He reported that it was getting to the point where he needs medication. Physical examination revealed normal sensation, no swelling, motor strength at 5/5, and neurovascular status was intact. The patient's range of motion was: 90 degrees abduction, 110 degrees of forward flexion, internal rotation and external rotation was 50%. The patient had weakness of the cuff. On October 16, 2014, the patient underwent a right shoulder arthroscopy, capsular release, and manipulation under anesthesia. The provider requested authorization for Occupational therapy three times a week for four weeks for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy three times a week for four weeks for the right shoulder:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, Physical Medicine is <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 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. 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)>.There is no documentation of benefit from previous physical therapy. The patient underwent 20 sessions of physical therapy without any documentation of significant pain and functional improvement. There is no justification for more physical therapy. Therefore Occupational therapy three times a week for four weeks for the right shoulder is not medically necessary.