

<b>Case Number:</b>	CM14-0044942		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/21/2013
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/12/2014

### 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:

The patient is a 45-year-old female who sustained a work related injury on 6/21/2013 as result of a fall causing injury to her left ankle, foot, knee, hand, finger, shoulder and neck. Per the progress reported dated March 3, 2014, she complains of cervical spine, left and shoulder and left ankle complaints that presents with intermittent discomfort and pain. However, her pain complaints are not precluding her from performing her regular complaints. She occasionally utilizes an analgesic for relief. Upon physical examination, she has full range of motion of the left shoulder with slight tenderness over the subacromial space. In addition, the patient has full range of motion of the cervical spine with not neurological deficits in the upper extremities. In dispute is a decision for additional physical therapy 2 times a week for 3 weeks to the left shoulder.

### 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 a week for 3 weeks to the left shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments, Page(s): 11-12,98-99.

**Decision rationale:** 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. 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. Per the patient's examination, she has full range of motion of the shoulder in question. I fail to see a medical reason to continue physical therapy when the patient has full active range of motion. Therefore, Additional physical therapy 2 times a week for 3 weeks to the left shoulder is not medically necessary.