

Case Number:	CM14-0045765		
Date Assigned:	07/02/2014	Date of Injury:	01/05/2010
Decision Date:	08/05/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/14/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 64-year-old female with a date of injury of 01/05/2010. The listed diagnoses per [REDACTED] are: 1. Impingement syndrome. 2. Trapezial myositis. According to progress report 03/26/2014 by [REDACTED], the patient presents with right shoulder and neck pain. Treating physician states the patient was diagnosed with impingement and adhesive capsulitis by [REDACTED] who opined that she could use physical therapy and orthopedic evaluation. Examination revealed good range of motion of the neck. There was tenderness noted on the right trapezius. Shoulder flexion is 160, adduction is 160, internal rotation is 30, and external rotation is 30. Treating physician recommends patient undergo physical therapy to the right shoulder times 8. Utilization review denied the request on 04/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the right shoulder QTY: 8.00: Upheld

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

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

Decision rationale: This patient presents with right shoulder and neck pain. The treating physician indicates the patient continues to have pain in her right shoulder along the trapezius. She also complains of pain in her right forearm. The treating physician requested additional 8 sessions of physical therapy to the right shoulder. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia-, myositis-type symptoms 9 to 10 sessions over 8 weeks. The progress reports provided for review do not discuss treatment history. The utilization review from 04/03/2014 indicates the patient received 12 sessions to date with the most recent 6 sessions authorized on 06/01/2013. There is no indication or discussion regarding what outcome these sessions had provided. In this case, the patient has participated in 12 physical therapy sessions addressing the shoulder issues. The treating physician's request for 8 additional physical therapy sessions exceeds what is recommended by MTUS. The requested 8 physical therapy sessions are not medically necessary.