

Case Number:	CM14-0198513		
Date Assigned:	12/08/2014	Date of Injury:	11/22/2010
Decision Date:	01/21/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/25/2014

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 injured worker is a 55-year-old man who sustained a work related injury on November 22, 2010. Subsequently, he developed chronic neck and shoulder pain. Prior treatments included: medications, physical therapy (x6), modified duty, right shoulder/upper arm arthroscopy done in May of 2013, and corticosteroid injection. According to the follow-up report dated September 25, 2014, the injured worker complained of sharp bilateral shoulders and cervical spine pain. The injured worker rated his pain level as a 7/10. The injured worker reported tightness in his cervical spine. Objective findings include: restricted range of motion of bilateral shoulders. Positive impingement sign. Positive tenderness subacromially. Restricted range of motion of the cervical spine. Positive tenderness bilateral paraspinal musculature. Sensation was intact in both upper extremities Motor strength exam: left shoulder supraspinatus 4/5, right shoulder supraspinatus 4/5. Deep tendon reflexes intact in both upper extremities. The injured worker was diagnosed with prior right shoulder labral tear, status post right shoulder arthroscopic subacromial decompression, left shoulder impingement syndrome with type III acromion, and cervical strain. The provider requested authorization for Additional Physical Therapy for Cervical Spine and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to Cervical, Left Shoulder 2 Times a Week for 4 Weeks Consisting of Therapeutic Exercise, Ultrasound, Manual Therapy, Home Exercise Program, Neuromuscular Re-Education, E-Stimulation and Therapeutic Activities: 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 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. Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. 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. There is no documentation of the efficacy and outcome of previous physical therapy sessions. There are no recent objective findings that support musculoskeletal dysfunction requiring more physical therapy. There is no documentation of pain improvement with previous physical therapy. There is no documentation that the patient cannot perform home exercise. Therefore, the request for Physical Therapy to Cervical, Left Shoulder 2 Times a Week for 4 Weeks Consisting of Therapeutic Exercise, Ultrasound, Manual Therapy, Home Exercise Program, Neuromuscular Re-Education, E-Stimulation and Therapeutic Activities is not medically necessary.