

<b>Case Number:</b>	CM14-0199975		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	11/05/2013
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 44 year old female who sustained a work related injury November 5, 2013. An MRI of the left shoulder without contrast(report present in case file) dated January 15, 2014, reveals; low to moderate grade partial thickness intrasubstance/delaminating tear with associated bursal surface component is identified in the distal supraspinatus tendon and its myotendinous junction and low grade partial tearing of the superior fibers of the subscapularis tendon. She fell backward down two missed steps injuring the left shoulder and was diagnosed with a partially torn left shoulder rotator cuff. She underwent a left shoulder diagnostic and operative arthroscopy with arthroscopic labral repair March 2014, and did receive unspecified sessions of physical therapy. Past medical history included a diagnosis of lupus. On October 30, 2014, she presented to the orthopedic clinic for a re-evaluation of the left shoulder as she continues to be symptomatic with achiness, stiffness and pain that is limiting mobility and the left shoulder is riding higher than the right. Physical examination of the left shoulder by the treating physician confirms full range of motion; however, she does experience stiffness after 150 degrees of forward flexion and 140 degrees of abduction. The Neer's and Hawkins test is positive. Also notably, she has a higher tilt on the left shoulder compared to the right. Treatment plan includes a request for an additional 12 sessions of physical therapy 2 times a week for 6 weeks to the left shoulder and a spinal Q brace. Work status is deferred to primary care physician. According to utilization review performed November 12, 2014, the request for 12 sessions of physical therapy was modified to 6 sessions for HEP. Citing (ODG) Official Disability Guidelines, Shoulder, Physical Therapy; there was a lack of clear functional deficits, functional goals, and a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits. Therefore, 12 sessions of physical therapy for the left shoulder was non-certified with modification.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x 12, left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Physical Therapy

**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 objective findings that support musculoskeletal dysfunction requiring more physical therapy. There is no documentation of efficacy of the efficacy of previous physical therapy. There is no documentation that the patient cannot perform home exercise. Therefore Physical therapy x 12, left shoulder is not medically necessary.