

<b>Case Number:</b>	CM14-0207533		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	04/02/2013
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Family Practice, 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 48 year-old woman who was injured at work on 4/2/2013. The injury was primarily to her left shoulder. She is requesting review of denial for "12 Sessions of Additional Physical Therapy 3 X per Week for 4 Weeks for the Left Shoulder." Medical records corroborate ongoing care for her injuries. These records include the Primary Treating Physician's Progress Reports. On 5/7/2014 the patient was seen in follow-up for her left shoulder problem. She was having constant pain and was noted to have received a course of physical therapy. Radiographs of her shoulder were performed and showed no loosening of the hemiarthroplasty. The request was made at this visit for "12 additional sessions of physical therapy." There are subsequent physical therapy reports in the medical records. The patient was seen again on 10/29/2014. She had continued problems with pain aggravated by specific movements of her shoulder. It was noted that she "has completed physical therapy sessions." In the Utilization Review process CA/MTUS Guidelines were cited in the denial. It was noted that the patient had exceeded the MTUS recommendations for the number of sessions. Further, that there was insufficient evidence that prior sessions resulted in functional improvement or pain control.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of additional physical therapy (3x4 weeks) for the left shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical therapy, Sprained shoulder; rotator cuff

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical therapy as a treatment modality. These guidelines state the following: 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. The cited guidelines also comment on the allowed number of treatment sessions. These are as follows: 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 exercise program. 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. In this case the patient has already exceeded the number of allowed sessions per the MTUS guidelines. There is insufficient justification provided to support exceeding the MTUS criteria. It would be expected that the patient has received instruction in support of a self-directed home exercise program. Further, there is insufficient evidence from the prior sessions that physical therapy had an impact on functional improvement or in reducing the level of pain. Therefore, 12 additional sessions of physical therapy for the left shoulder is not considered as medically necessary.