

<b>Case Number:</b>	CM14-0211966		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	08/15/2013
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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 53 year-old man who was injured at work on 8/15/2013. The injury was primarily to his neck, back and shoulders. He is requesting review of denial for 12 physical therapy visits to the right shoulder. Medical records document ongoing care for his injuries. The chronic diagnoses pertaining to the shoulder described in these records include: Status Post Arthroscopic Glenohumeral Synovectomy; Status Post Arthroscopic Biceps Tenotomy; Status Post Arthroscopic Subacromial Decompression; Status Post Subacromial Bursectomy; and Status Post Open Biceps Tenodesis. The records also indicate prior physical therapy sessions for the shoulder; specifically, that the patient had completed 24 postoperative physical therapy visits and an additional 11 subsequent visits. The patient was recommended to continue a self-administered home exercise program. In the Utilization Review process, the MTUS/Chronic Pain Medical Treatment Guidelines were cited in the assessment of this request. The rationale for non-certification is that the patient has exceeded the guideline recommendations for the number of approved visits. Further, there is no indication that there is a complication to recovery, comorbidity or extenuating clinical circumstances to support an additional number of physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: 12 physical therapy visits for the right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

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

**Decision rationale:** 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. These guidelines also comment on the number of sessions recommended. 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 received the recommended number of sessions of physical therapy in the post-operative period. There is insufficient justification on the need for additional sessions beyond the MTUS guideline recommendations. It would be anticipated that the patient has received prior instructions to implement a home exercise program. For these reasons, 12 additional sessions of physical therapy for the right shoulder is not medically necessary.