

<b>Case Number:</b>	CM15-0136404		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	06/17/2011
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 38 year old male, who sustained an industrial injury on June 17, 2011. Treatment to date has included MRI of the left shoulder, work restrictions, medications and left shoulder arthroscopy, intraarticular debridement and evaluation, subacromial bursectomy and decompression, mini-deltoid splitting and rotator cuff repair. The injured worker is status post left shoulder arthroscopy, intraarticular debridement and evaluation, subacromial bursectomy and decompression, mini-deltoid splitting and rotator cuff repair on January 21, 2015. Currently he complains of pain in the left shoulder. He reports that he is able to sleep better with medications. On physical examination, the injured worker has fairly good passive range of motion but his active range of motion is not good and his strength is still weak. He has impingement at 90 degrees and above and has glenohumeral elevation to approximately 85 degrees. His external rotation of the left shoulder is tight. The diagnoses associated with the request include rotator cuff sprain and status post left shoulder arthroscopy and rotator cuff repair. The treatment plan includes six sessions of physical therapy for the left shoulder and work restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the left shoulder 2 times a week for 6 weeks, quantity: 12 sessions:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 27.

**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)" The patient underwent 18 session of physical therapy after shoulder surgery with some improvement. Guidelines recommend up to 24 sessions after surgery. There is no justification for the prescription of additional 12 sessions of physical therapy without documentation of the efficacy of the first 6 visits. Therefore Physical therapy for the left shoulder 2 times a week for 6 weeks, quantity: 12 sessions is not medically necessary.