

<b>Case Number:</b>	CM15-0031222		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	08/30/2014
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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, Michigan, 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:

This 45 year old female sustained an industrial injury on 8/30/14, with subsequent ongoing left shoulder and cervical spine pain. Treatment included ice pack, medications and work restrictions. No radiology reports were found within the documentation submitted for review. In a PR-2 dated 1/14/15, the injured worker complained of ongoing left shoulder and upper extremity pain and discomfort. Physical exam was remarkable for tenderness to palpation to the cervical paraspinals, left trapezius muscle and left anterior acromial margin with diminished range of motion to the cervical spine and muscle guarding and left shoulder with decreased range of motion with positive Speed's and impingement and negative drop arm and apprehension. Current diagnoses included cervical strain, left trapezius strain, left shoulder strain and left shoulder impingement. The treatment plan included obtaining magnetic resonance imaging of the cervical spine and left shoulder and starting physical therapy two to three times a week for six weeks. On 1/26/15, Utilization Review noncertified a request for range of motion testing cervical left shoulder and modified a request for Physical Therapy 2-3 x week x 6 weeks (18 sessions) to two sessions of Physical Therapy citing ACOEM guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2-3 x week x 6 weeks (18 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Page(s): 58 and 59.

**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 the efficacy and outcome of previous physical therapy sessions. The patient underwent 12 sessions of physical therapy without clear documentation of efficacy. There is no recent objective findings that support musculoskeletal dysfunction requiring additional physical therapy. There is no documentation that the patient cannot perform home exercise. Therefore, the request for Physical Therapy 2-3 x week x 6 weeks (18 sessions) is not medically necessary.

**Range of motion testing cervical left shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Observation and Regional Neck Examination Page(s): 170.

**Decision rationale:** According to MTUS guidelines, cervical range of motion is a part of the routine physical and musculoskeletal examination. There is no rationale from repeating range of

motion examination of the cervical examination as a separate examination. Therefore, the request for Range of motion testing cervical left shoulder is not medically necessary.