

<b>Case Number:</b>	CM15-0034696		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	01/24/2012
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: California  
 Certification(s)/Specialty: Family Practice

### 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 57-year-old male, who sustained an industrial injury on 1/24/12. He has reported shoulder pain after a fall. The diagnoses have included bilateral adhesive capsulitis of the shoulders. Treatment to date has included medications, diagnostics, shoulder injection, Home Exercise Program (HEP) and physical therapy 30 sessions to date. Currently, as per the physician progress note dated 12/18/14, the injured worker complains of sporadic pain in both shoulders lasting 10-15 minutes. There have been no significant changes. He can't lift more than 10 pounds in his left hand, unable to do pull ups or pushups but does stretching exercises at home. He continues to work full time and regulates his activities to avoid injury to his shoulders. The current medications were not documented. Physical exam of the shoulders revealed the right shoulder range of motion was external rotation 70 degrees, abduction was 160 degrees and forward flexion was 175 degrees. The left shoulder range of motion external rotation was 45 degrees, abduction 90 degrees and forward flexion was 160 degrees. The diagnosis was bilateral adhesive capsulitis, slowly improving. The request was for physical therapy as this helped him significantly in the past. There was previous physical therapy sessions noted. On 1/28/15 Utilization Review non-certified a request for Physical Therapy 2-3 times a week x 8 weeks to bilateral shoulders, noting the (MTUS) Medical Treatment Utilization Schedule chronic pain Physical Medicine pages 98-99 were cited.

### 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 8 bilateral shoulder:** Upheld

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

**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 medicine as a treatment modality. These guidelines recommend physical therapy with the following indications: 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. 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 records indicate that the patient has received approximately 30 sessions of physical therapy; which exceeds the above cited MTUS guidelines. There is insufficient documentation for the rationale in support of exceeding the number of sessions recommended by the MTUS guidelines. Further, it is expected that the patient should have received instruction towards a self-directed home exercise program. For these reasons, physical therapy 2-3 sessions per week X 8 weeks to the bilateral shoulder is not considered as medically necessary.