

<b>Case Number:</b>	CM15-0036388		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	07/08/2010
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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:

The injured worker is a 35 year old male with an industrial injury dated July 8, 2010. The injured worker diagnoses include cervicothoracic myofascial syndrome, bilateral carpal tunnel syndrome, and bilateral shoulder impingement syndrome. He has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 1/13/2015, the injured worker reported persistent shoulders, back and arm pain with any strenuous repetitive activity. The injured worker also reported bilateral wrist and hand pain with prolonged repetitive use. Objective findings revealed tenderness in bilateral acromioclavicular joints with crepitus, right greater than left. The treating physician also noted decrease range of motion and tenderness and tightness of the bilateral shoulders. The treating physician prescribed services for physical therapy three times a week times four weeks for the lumbar spine, bilateral shoulder, bilateral wrists. Utilization Review determination on February 6, 2015 modified the request to physical therapy three times a week times two weeks for the lumbar spine, bilateral shoulder, bilateral wrists, citing MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy three times a week times four weeks for the lumbar spine, bilateral shoulder, bilateral wrists:** Upheld

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

**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)” In this case, the injury is more than 4 years old. It is not clear from the patient's medical records if he had physical therapy and if so what was the outcome. In the documents, there is no explanation as for the reasons of physical therapy instead of a home exercise program. Therefore, the request for Physical Therapy three times a week times four weeks for the lumbar spine, bilateral shoulder, bilateral wrists is not medically necessary.