Case Number:	CM15-0036531		
Date Assigned:	03/02/2015	**Date of Injury:**	10/10/2011
Decision Date:	04/14/2015	**UR Denial Date:**	01/27/2015
Priority:	Standard	**Application Received:**	02/22/2015

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 51 year old female sustained an industrial injury on 10/10/12, with subsequent ongoing right shoulder and right upper extremity pain. Treatment included six acupuncture sessions, wrist brace and medications. The injured worker had never received physical therapy. Right upper extremity ultrasound (8/11/14) showed a partial tear to the subscapularis tendon with underlying tendinosis and a partial to near complete tear of the suprospinatus tendon with calcific tendinitis. Right elbow magnetic resonance imaging (10/10/14) showed a small joint effusion. Magnetic resonance imaging right shoulder (12/29/14) showed moderate acromioclavicular joint arthrosis with a partial thickness tear of the supraspinatus tendon and moderate rotator cuff tendinopathy. In a PR-2 dated 10/19/14, the injured worker complained of right shoulder pain with radiation to the right elbow associated with popping as well as right elbow, wrist and hand pain associated with weakness. Physical exam was remarkable for right shoulder with positive Hawkin's and Neer's test with 5/5 strength and pan upon range of motion. Current diagnoses included right shoulder impingement syndrome, right elbow lateral epicondylitis and right wrist pain. The treatment plan included 12 sessions of physical therapy to increased flexibility and strength followed by transition to a home exercise program. On 1/27/15, Utilization Review modified a request for twelve (12) physical therapy visits for the right shoulder, 2 visits per week for 6 weeks to two physical therapy visits for the right shoulder, citing CA MTUS Chronic Pain Medical Treatment 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:

Twelve (12) physical therapy visits for the right shoulder, 2 visits per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

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 patient had never received physical therapy. The patient developed chronic shoulder pain and musculoskeletal disorders. She is a candidate for treatment with physical therapy. However, the frequency of the treatment should be reduced from 12 to 3 or less sessions. More sessions will be considered when functional and objective improvements are documented. Therefore, the request for 12 physical therapy visits for the right shoulder is not medically necessary.