

Case Number:	CM15-0037089		
Date Assigned:	03/05/2015	Date of Injury:	09/23/2010
Decision Date:	04/10/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/27/2015

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: District of Columbia, Virginia
Certification(s)/Specialty: Internal 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 55-year-old female, who sustained a work/ industrial injury as head cook on 9/23/10 while lifting a heavy can of ravioli and feeling a sharp pain over the left anterior shoulder. She has reported symptoms of persistent right shoulder pain reported at 4-7/10. The diagnoses have included left shoulder impingement, subacromial decompression, and compensatory right shoulder rotator cuff tendinitis. Treatments to date included physical therapy (50 sessions), medications, surgery (left shoulder arthroscopy and subacromial decompression on 9/24/14), and home exercise program. Diagnostics included a Magnetic Resonance Imaging (MRI) of the left shoulder on 4/8/14 and x-rays that documented down sloping acromion. Medications included Ibuprofen and Voltaren gel. The treating physician's report (PR-2) from 2/5/15 indicated right shoulder flexion at 140 degrees, abduction at 150 degrees, and external rotation at 90 degrees. Left shoulder flexion at 160 degrees, abduction at 160 degrees, external rotation at 90 degrees. Positive impingement noted to the left shoulder. Sensation was intact to the bilateral upper extremities. Motor strength was 5/5 supraspinatus, external rotation strength 5/5 right shoulder supraspinatus 5-/5, external rotation strength 5-/5. On 2/16/15, Utilization Review modified Additional physical therapy 2 times weekly for the right shoulder QTY: 8 to Additional physical therapy, 2 times weekly for the right shoulder, QTY: 4 (from 2/5/15 to 4/2/15), citing the California Medical treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times weekly for the right shoulder QTY: 8: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792 Page(s): 98-99.

Decision rationale: Per MTUS: Physical Medicine, 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) 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 Physical Medicine. 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. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2):24 visits over 16 weeks. The patient was noted to have developed right shoulder range of motion limitation following left shoulder injury physical therapy. There was noted to be some improvement with physical therapy sessions. Eight additional sessions of PT for the right shoulder would be medically appropriate as per MTUS guidelines cited above.