

<b>Case Number:</b>	CM15-0038953		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	01/17/2011
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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 51 year old male, who sustained an industrial injury on 1/17/11. He reported knee and right shoulder. The injured worker was diagnosed as having right shoulder. Treatment to date has included right shoulder cuff tear, right shoulder tendinitis and cervical radiculopathy. (MRI) magnetic resonance imaging of right shoulder was performed on 4/12/11; x-rays of shoulder and cervical spine, lumbar spine and (MRI) magnetic resonance imaging of cervical spine and lumbar spine were performed. Currently, the injured worker complains of sharp, stabbing pain in right shoulder with frequent numbness and tingling to right hand and knee pain, swelling, stiffness, decreased range of motion and persistent numbness to lower legs. Physical exam performed on 2/11/15 noted tenderness on palpation of right shoulder over the anterolateral border of the acromion and over the long head of the biceps. Right knee examination revealed tenderness on palpation of anterior aspect, lateral aspect, medial aspect, over the lateral joint line, over the medial joint line and over the patella. The treatment plan included physical therapy, pain management, cane, knee brace and (MRI) magnetic resonance imaging of right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, Right Shoulder, 12 visits: 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 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 CHRONIC PAIN MEDICAL TREATMENT GUIDELINES. Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 9792.26.MTUS (Effective July 18, 2009) Page 99 of 127 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 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. Per review of the clinical data provided, the patient has had prior PT for similar symptoms. Further PT sessions exceed recommended guidelines.

**MRI (magnetic resonance imaging) of Right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200-206z.

**Decision rationale:** Per ACOEM: MRI would be indicated for concerns for labral tear or rotator cuff tear. See Table 9-2. Per review of the clinical data provided, the patient had MRI of the shoulder in March 2014 which showed mild degenerative changes but no rotator cuff tear. The patient had multiple MRIs of the shoulder in the past. Further imaging is not indicated based on the documentation regarding the patient's physical exam findings.