

<b>Case Number:</b>	CM15-0039366		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	04/19/2009
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/04/2015
<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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 60 year old, male patient, who sustained an industrial injury on 04/19/2009. A post-operative examination dated 11/03/2014 showed radiographic film of the right shoulder with prosthesis in place, well seated components, unchanged from prior view. A physical therapy visit note dated 09/17/2014 reported the patient being status post suprascapular nerve decompression on 07/01/2014; after having had undergone total shoulder arthroplasty on the same shoulder one year prior. He is found with subjective complaint of right shoulder pain rated a 1 out of 10 in intensity. There is still weakness present with activities and reaching is still difficult. His functional capability reported unable to work due to injury. His recreational capacity is deemed significantly limited. Physical examination found mild swelling of the right shoulder with soft tissue tenderness and restrictions at incision site. Posterior rotator cuff, upper trapezius and pectorals are found tight. His impairments are listed as; activities of daily function, flexibility, muscle performance, motor function. Only 45 % of rehabilitation program goals have been met. The plan of care noted holding rehabilitation due to a plateau in physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative Physical Therapy 2 times weekly for 6 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** Physical Medicine is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the injured worker) 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). Injured workers 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) Injured worker-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 injured workers 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. According to the documents available for review, the injured worker has previously undergone numerous session of PT without objective documented functional improvement. Further sessions of PT would be in contrast to the guidelines as set forth in the MTUS in particular since the last note indicates that further PT should be held as the injured worker has reached a plateau. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.