

Case Number:	CM15-0042201		
Date Assigned:	03/12/2015	Date of Injury:	12/01/2002
Decision Date:	12/03/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/05/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 61-year-old male, who sustained an industrial injury on 12-01-2002. The injured worker was diagnosed as having shoulder pain. On medical records dated 02-12-2015, the subjective complaints were noted as having pain. Pain with medication was 4.5 out of 10. Objective findings were noted as right shoulder with restricted movement, Hawkins test was positive, Neer test was positive, shoulder crossover and left-off tests were positive as well as drop arm test was positive. Tenderness to palpation in the acromioclavicular joint, glenohumeral joint and subdeltoid bursa was noted. Treatments to date included medication and acupuncture. The injured worker was noted to be permanent, stationary, and not working. The Utilization Review (UR) was dated 02-19-2015. A Request for Authorization was dated 01-26-2015. The UR submitted for this medical review indicated that the request for 6 Physical Therapy 2 Times a Week for 3 Weeks for The Right Shoulder as an Outpatient was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy 2 Times A Week for 3 Weeks for The Right Shoulder As An Outpatient:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical therapy.

Decision rationale: The MTUS notes that 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) 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. The ODG guidelines for impingement syndrome and rotator cuff syndrome recommend 10 visits over 8 weeks for medical treatment. In this case, the request is for physical therapy for the right shoulder. The diagnosis is shoulder pain and there are positive impingement tests. There is no evidence that the injured worker has had prior physical therapy for the right shoulder. As noted above, the treatment guidelines do support physical therapy for medical treatment of shoulder impingement. The request for 6 Physical Therapy 2 times a week for 3 weeks for the right shoulder as an outpatient is medically necessary.