

<b>Case Number:</b>	CM15-0042563		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	03/18/2011
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: Arizona, Texas  
 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 54 year old female, who sustained an industrial injury on 03/18/2011. She reported a right upper extremity injury. The injured worker is currently diagnosed as having pain in hand joint. Treatment to date has included shoulder MRI, right shoulder surgery, physical therapy, home exercise program, acupuncture, and medications. In a physical therapy note dated 02/12/2015, the injured worker presented stating overall improvement since the start of therapy with increased strength in her hand. The treating therapist reported the injured worker would benefit from continued skilled physical therapy to further increase wrist range/upper extremity strength/grip strength to assist injured worker towards reaching functional goals.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 4 weeks for the left shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 99, Postsurgical Treatment Guidelines Page(s): 16.

**Decision rationale:** According to the MTUS Post-surgical treatment guidelines for CT release 3-8 visits are allowed over 3-5 weeks with a treatment period of 3 months. Passive therapy 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. 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. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case the patient has had at least 20 visits of PT for upper extremity pain. This is in excess of the recommended post surgical guidelines as the patient is noted to have had CT release on 11/25/14. The patient does not require further PT sessions to set up a HEP. The service is not medically necessary.

**Physical therapy 3 times a week for 4 weeks to the left hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 98, Postsurgical Treatment Guidelines Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 16.

**Decision rationale:** According to the MTUS Post-surgical treatment guidelines for CT release 3-8 visits are allowed over 3-5 weeks with a treatment period of 3 months. Passive therapy 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. 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. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case the patient has had at least 20 visits of PT for upper extremity pain. This is in excess of the recommended post surgical guidelines as the patient is noted to have had CT release on 11/25/14. The patient does not require further PT sessions to set up a HEP. The service is not medically necessary.