

Case Number:	CM14-0216652		
Date Assigned:	01/06/2015	Date of Injury:	12/20/2012
Decision Date:	02/25/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/26/2014

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 is a 54 year old male who suffered a work related injury on 12/20/2012. He was injured in a motor vehicle accident while working, and suffered multiple injuries, which included C7 fracture, C5/6 compression, SC dislocation and wrist injury as well as injuring his right knee. Following the acute management of his more severe injuries he underwent physical therapy for his right knee injury which did not resolve. A Magnetic Resonance Imaging done in 2013 revealed a medial meniscal tear. On 06/05/2014 he underwent medial meniscectomy with PRP, LOA and Chondroplasty. While recovering from his knee surgery he fell and injured his left shoulder. Magnetic Resonance Imaging on left shoulder revealed supraspinatus and subscapularis tear, and biceps/labral lesion. On 07/17/2014, he had a left rotator cuff repair/tenodesis surgery. Treatment has included medications, physical therapy and cryotherapy. He suffered a post-operative complication with an infection. He received antibiotics. A Magnetic Resonance Imaging done 11/18/2014 showed a high-grade partial thickness injury of the supraspinatus approximately 13mm in AP dimension. He also has failure of healing of the superior one third subscapularis. There is evidence of subacromial impingement but no obvious large fluid collection. On 11/21/2014 the injured worker underwent left shoulder arthroscopy with irrigation and debridement, and open irrigation and debridement of the biceps tenodesis site subpectoral. Cultures were taken and the injured worker is on antibiotics. Further surgery is pending. The request is for 18 physical therapy visits for the left shoulder. On 12/17/2014 Utilization Review modified the request for 18 physical therapy visits for the left shoulder to 12 physical therapy visits, citing California Medical Treatment Utilization

Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, and American College of Occupational and Environmental Medicine (ACOEM)-Shoulder disorders. The claimant had therapy after his first procedure in July; this would not count towards the current surgery, which was on 11/21/2014. Furthermore, if the injured worker really does have an infection usually prolonged therapy is required because of potential for adhesions and scar tissue. The guidelines recommend 24 sessions of therapy in 16 weeks. However, it is stated the initial course of therapy means one-half of that number of visits or another 12 visits. After that further therapy can be assessed on the basis of future notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 (further) physical therapy visits for the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99, 26-27.

Decision rationale: The California chronic pain medical treatment guidelines section on physical medicine states: 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. Physical therapy/occupational therapy are a recommended treatment option for chronic ongoing pain per the California MTUS. The MTUS recommends 30 visits over 18 weeks. The request is for an additional 18 sessions for a total of 30 sessions. This is within the recommendations of the California MTUS and therefore the request is medically necessary.