

<b>Case Number:</b>	CM14-0216873		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	03/14/2013
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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:

The injured worker is a 43 year old male with a date of injury of March 14, 2013. Results of the injury include left shoulder. Diagnosis include cervical spine sprain/strain, thoracic spine sprain/strain; myofascial pain syndrome, SP left shoulder arthroscopy/SAD, and thoracalgia-chronic. Treatment has included surgery and 24 post operative visits of physical therapy with good result. Diagnostic studies were not provided. Progress report dated October 21, 2014 noted there was tenderness to palpation along the anterior shoulder capsule of the left shoulder. Left shoulder range of motion remained restricted secondary to pain. There was 3/5 weakness of the flexor and abductor group. Work status was noted as total temporary disability. Treatment plan included 8 sessions of physical therapy. Utilization review form dated November 26, 2014 non certified physical therapy x 8 visits, left shoulder due to noncompliance with MTUS guideline recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight sessions of Physical Therapy to the left shoulder:** Upheld

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

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

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines section on 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 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 patient has already completed 24 sessions of physical therapy. The recommended amount of physical therapy sessions post shoulder surgery is between 24-30 over 14 weeks. The goal of physical therapy is to transition to a home exercise program after a set amount of time/sessions. The request is in excess of the amount of sessions that is recommended per the California MTUS. Therefore, the request is not medically necessary.