

<b>Case Number:</b>	CM15-0010425		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	12/10/2013
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 (IW) is a 24 year old male, who sustained an industrial injury on December 10, 2013. He has reported right shoulder pain and stiffness and was diagnosed with disorders of bursae and tendons in the shoulder region, cervicalgia and neck sprain. Treatment to date has included diagnostic studies, pain medications, a home exercise program and work duty modifications. Currently, the IW complains of pain in the right shoulder with stiffness and crepitus noted with extension. The injured worker reported carrying heavy bags on the right shoulder and experiencing pain in the shoulder on December 10, 2013. He was evaluated, prescribed pain medications and a home exercise program. He returned to work and reported pain while using a tool that caused a jarring motion in the shoulder. He was then placed on work restrictions. On January 5, 2015, evaluation revealed continued pain in the shoulders. He subjectively reported a decrease in pain with stretching exercises. He reported using no pain medication secondary to stomach upset. On January 14, 2015, Utilization Review non-certified a request for Physical therapy x 6 for cervical spine and right shoulder, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 19, 2015, the injured worker submitted an application for IMR for review of requested Physical therapy x 6 for cervical spine and right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x 6 for cervical spine and right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** According to MTUS guidelines, 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) 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). The patient underwent several physical therapy sessions without documentation of clear benefit. There is no clear rationale for additional physical therapy. There is no documentation that the patient is not able to do home exercise. Therefore, the request for Physical therapy x 6 for cervical spine and right shoulder is not medically necessary.