

<b>Case Number:</b>	CM15-0125270		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	04/04/2015
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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, Alabama, 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 is a 53 year old female who sustained a work related injury April 4, 2015. While working as a bus driver, she had to open the handicap ramp on the bus manually, and felt pain to her right shoulder. She underwent an x-ray of the right shoulder, received medication, and three physical therapy treatments. Past history included right knee surgery and type II diabetes. An MRI of the right shoulder, dated June 5, 2015, (report present in the medical record) revealed moderate supraspinatus and infraspinatus tendinosis at the conjoined tendon with a possible tear and retracted fibers. According to a doctor's first report of occupational injury, dated May 7, 2015, the injured worker complained of constant pain to the right shoulder. Raising her arm causes pain as well as lifting with radiation down the right arm and up to the neck. Diagnoses are frozen right shoulder and internal derangement, right shoulder. According to a primary treating physician's progress report, dated June 15, 2015, the injured worker presented with right shoulder pain which increase to 8 out of 10 at bedtime. She reports pain during the day and pain when lifting heavy objects but Norco provides relief. Objective findings are; right shoulder-pain at biceps and anterior rotator cuff; 90, 60, 60, 45, 30. Diagnosis is documented as tendinosis, right shoulder. At issue is the request for authorization for 12 sessions of physical therapy for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **12 physical therapy for the right shoulder 3x4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Shoulder (Acute & Chronic) (updated 05/04/2015).

**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 instructions. 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) There is no documentation of objective findings that support musculoskeletal dysfunction requiring more physical therapy sessions. There is no documentation of the outcome of previous physical therapy sessions and home exercise. There is no documentation supporting additional physical therapy sessions. Therefore, 12 physical therapy for the right shoulder 3x4 is not medically necessary.