

<b>Case Number:</b>	CM15-0171475		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	10/11/2013
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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: 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 52 year old male, who sustained an industrial injury on October 11, 2013. The injured worker was diagnosed as having right shoulder derangement, right shoulder impingement syndrome, lumbar disc protrusion, and status post right shoulder subacromial decompression performed on March 19, 2015. Treatment and diagnostic studies to date has included medication regimen, physical therapy, acupuncture, chiropractic therapy, magnetic resonance imaging of the right shoulder, x-ray, computed tomography, cortisone injection to the right shoulder, laboratory studies, and home exercise program. The physical therapy progress note from July 23, 2015 noted that the injured worker had at least nine sessions of physical therapy (physiotherapy) to the right shoulder and included in the note that the injured worker has "improvement" with range of motion at 1 to 20% and a strength of a 4 out of 5 with a "good tolerance" to the therapy, but rates the injured worker's pain level as a 7 out of 10 with "difficulty" with activities of daily living to the right shoulder. The physical therapy progress note from June 24, 2015 noted that the injured worker had "difficulty moving the right shoulder, could not lift his arm, a strength rating of a 3 out of 5, a pain level of an 8 out of 10 that decreased to a 7 out of 10 at the end of the session, impairment of the range of motion at 40%, muscle tension to the cervical spine that decreased at the end of the session, unsteady balance, and a "good" tolerance of the treatment. The treating physician also noted on November 25, 2014 that the injured worker has received approximately 20 to 25 sessions of physical therapy. In addition to the above listed therapy, the medical records included a log on March 19, 2015 that included five sessions of physical therapy. In a progress note dated July 07, 2015 the treating

physician reports decreased range of motion to the right shoulder, tenderness on palpation of the right shoulder, and decreased muscle strength with range of motion of the right shoulder of 4 out of 5. On July 07, 2015 the treating physician also noted that the injured worker has weakness and numbness that has caused associated pain to the right neck and low back that was rated a 4 to 10 out of 10 along with the back locking and giving out. On July 24, 2015 the treating physician requested additional physiotherapy three times a week for four weeks to the right shoulder noting on July 07, 2015 that the injured worker would "benefit" from continued physical therapy. On August 03, 2015 the Utilization Review determined the request for physiotherapy (physical therapy) at three times a week for four weeks to the right shoulder to be non-approved.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physiotherapy 3 times a week for 4 weeks, right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**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. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has already completed a course of physical therapy. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.