Case Number:	CM17-0015849		
Date Assigned:	01/26/2017	**Date of Injury:**	10/14/2016
Decision Date:	02/17/2017	**UR Denial Date:**	12/29/2016
Priority:	Standard	**Application Received:**	01/23/2017

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 was a 47 year old female, who sustained an industrial injury on October 14, 2016. The injured worker was undergoing treatment for left shoulder strain subsequent encounter, contusion of the left shoulder subsequent encounter, sprain of cervical, contusion of the wrist and contusion of unspecified hip. According to progress note of December 1, 2016, the injured worker's chief complaint was left shoulder, left hand and wrist, lower back and left hip pain. The injured worker reported continuous aching in the left shoulder with radiating pain into the neck and down the arm into the hand. The injured worker reported stiffness and restricted range of motion and cannot lay on the left shoulder and arm when sleeping. There was a clicking and grinding sensation in the shoulder and episodes of numbness and tingling in the shoulder, arm and hand. There was increased pain with reaching, pulling, pushing and lifting. The left hand and wrist pain was dull aching pain in the wrist, hand and fingers. The pain was aggravated by grasping, torqueing, motions, pinching, fine finger manipulation, driving, repetitive use of the upper extremity, pushing, pulling and lifting and carrying. The left hip pain was most of the time. The pain increased with prolonged sitting, standing, walking, bending, kneeling, stopping, forward bending, ascending and descending stairs, pushing, pulling, lifting, carrying, going from a seated position to a standing position and vice versa and twisting and turning at the torso. The objective findings were cervical spine with normal range of motion. The motor strength of the upper extremities was 5 out of 5 except for the left deltoid which was 4 out of 5. The sensation was intact in the bilateral upper extremities. The right shoulder had decreased range of motion in all planes. There was tenderness noted at the supraspinatus insertion on the left. The Hawkin's

sign was positive on the left. The Jobe's sign was positive on the left. The Yergason's test was negative bilaterally. The range of motion of the left wrist was within normal limits. There was tenderness over the distal radius on the left and the carpus on the left. There was no atrophy or tenderness in the thenar, hypothenar, or intrinsic hand musculatures. The left hip motor strength was 4 out of 5 in the hip abductors and adductors, otherwise 5 out of 5. There was decreased range of motion in all planes of the left hip. The recommendation was to continue physical therapy for the left shoulder, left wrist and hand and left hip. The injured worker previously received the following treatments 6 physical therapy session, Acetaminophen, Etodolac ER, Orphenadrine ER, Metformin and left shoulder MRI on November 8, 2016. The RFA (request for authorization) dated December 19, 2016; the following treatments were requested physical therapy (2 times a week for 4 weeks) 8 treatments for the left shoulder, left wrist and left hip. The UR (utilization review board) denied certification on December 29, 2016; for physical therapy 8 treatments for the left shoulder, left wrist and left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy treatments for the left shoulder wrist and hip: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment.

Decision rationale: Recommended as indicated below. Physical medicine encompasses interventions that are within the scope of various practitioners (including Physical Therapy, Occupational Therapy, Chiropractic, and MD/DO). Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) is not indicated for addressing chronic pain in most instances; refer to the specific modality within these guidelines (e.g., massage, ultrasound) 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. Refer to the specific intervention within these guidelines (e.g., exercise.) 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) ODG Physical Therapy Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. 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): 26 visits over 16 weeks. Arthritis (ICD9 715): 9 visits over 8 weeks. Post-injection treatment: 1-2 visits over 1 week. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has completed a full course of physical therapy already. 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.