

Case Number:	CM13-0002609		
Date Assigned:	12/11/2013	Date of Injury:	06/02/1993
Decision Date:	01/16/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 64-year-old male who reported an injury on 06/02/1993. The patient is currently diagnosed with status post left total knee arthroplasty, right shoulder residual bursitis and impingement, right shoulder status post 3 surgeries, and right shoulder glenohumeral degenerative joint disease. The patient was recently seen by [REDACTED] on 10/22/2013. The patient complained of 5/10 bilateral knee pain, and 6-7/10 right shoulder pain. Physical examination revealed 0 to 120 degree range of motion of the right knee with discomfort and crepitus, positive McMurray's sign, tenderness along the medial and lateral joint lines with 2+ popliteal pulse and crepitus in all 3 compartments, a healed TKA incision, and 4/5 quadriceps and hamstring strength. Physical examination of the left knee revealed a well-healed incision, 0 to 110 degree range of motion, mild anterior stability, varus and valgus instability, and 4/5 quadriceps and hamstring strength. Physical examination of the right shoulder revealed 0 to 140 degree flexion and abduction, 0 to 70 degree internal rotation, 0 to 60 degree external rotation, 0 to 40 degree adduction, tenderness in the AC joint with cross arm testing, positive subacromial bursitis, positive impingement, intact sensation, and 4/5 strength in all quadrants. Treatment recommendations included continuation of home exercise program, physiotherapy 2 times a week for 3 weeks for the left quadriceps conditioning, and a second opinion for ongoing interventional pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy for the right knee (6 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state 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. 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. The ODG state medical treatment for pain in a joint includes 9 visits over 8 weeks. As per the clinical notes submitted, the patient is status post bilateral total knee arthroplasties. Documentation of a previous course of physical therapy with treatment duration and efficacy was not provided for review. The patient is currently active in a self-directed home exercise program. The latest physical examination revealed 0 to 110 degree range of motion with mild instability with 4/5 quadriceps and hamstring strength. The medical necessity has not been established. The request for physiotherapy for the right knee is not medically necessary and appropriate.

A second opinion pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines: Chronic Pain Chapter; Office Visits

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information and agreement to a treatment plan. The ODG state the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As per the clinical notes submitted, clarification was not provided regarding which prior pain management consultation and subsequent treatment plan is being referenced for a second opinion. The medical rationale behind a request for a second opinion for ongoing pain management was not provided. The request for a second opinion pain management consultation is not medically necessary and appropriate.