

Case Number:	CM13-0030778		
Date Assigned:	11/27/2013	Date of Injury:	12/29/2009
Decision Date:	02/12/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	10/01/2013

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 Orthopedic Surgery 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 43 year old injured worker with an industrial injury of December 29, 2005. Exam note from July 11, 2013, demonstrates left knee pain with locking and instability. Request is for 12 visits of physical therapy for bilateral knees, shoulder posture brace, Celexa, and Elavil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, " passive therapy 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." In this case there is insufficient evidence to support physical therapy. The patient has no evidence of acute injury as the industrial injury since 2005. The request for physical therapy two times a week for six weeks is not medically necessary and appropriate.

Shoulder posture support: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Orthopedic Rehabilitation: An Evidence-based Approach, 3rd edition by S. Brent Brotzman, 2011

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Orthopedic Rehabilitation: An Evidence-based Approach, 3rd edition by S. Brent Brotzman, 2011

Decision rationale: The California MTUS/ACOEM and the Official Disability Guidelines are silent on the issue of shoulder postural support. A review of the medical literature demonstrates no studies demonstrating efficacy for the use of shoulder postural support. The request for shoulder posture support is not medically necessary and appropriate.

Celexa: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Per the California MTUS Chronic Pain Medical Treatment Guidelines regarding use of Celexa, "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain". There is no evidence in the medical record to support the use of Celexa, a SSRI for chronic pain or significant depression. The request for Celexa is not medically necessary and appropriate

Elavil: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Per the California MTUS Chronic Pain Medical Treatment Guidelines regarding Amitriptyline (Elavil), "Recommended Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated." There is no evidence in the record substantiating chronic depression to warrant Elavil. The request for Elavil is not medically necessary and appropriate.