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| Case Number: | CM13-0059721 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 03/07/2012 |
| Decision Date: | 08/21/2014 | UR Denial Date: | 11/06/2013 |
| Priority: | Standard | Application Received: | 12/02/2013 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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/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 53 year old with an injury date on 3/7/12. Patient complains of increasing right knee pain, mostly in posterior area that radiates up her leg, and right shoulder pain per 7/2/13 report. Patient had a recent fall, losing her balance and impacting her bilateral knees with a resulting increase in pain per 8/15/13 report. Based on the 8/15/13 progress report provided by [REDACTED] the diagnoses are: 1. Medial patellofemoral damage with aggravation right knee 2. Bilateral partial rotator cuff tears with scapular dysfunction L > R3. Post scope right knee, synovectomies, and chondroplasty patellofemoral joint 12/19/12 Exam on 11/16/13 showed right knee range of motion: 0-130 degrees. Mild patellofemoral crepitus, negative patellar grind test. Stable to anterior, posterior, varus, and valgus stress testing. Motor strength: 4+/5 quadriceps and hamstrings. Tenderness along medial joint line. Sensation intact to light touch distally. No exam findings for the shoulder could be found. [REDACTED] is requesting physical therapy left shoulder 3 times a week for 4 weeks. The utilization review determination being challenged is dated 11/6/13 and modifies request to 10 sessions. [REDACTED] is the requesting provider, and he provided treatment reports from 7/2/13 to 11/5/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, LEFT SHOULDER, THREE TIMES PER WEEK FOR FOUR WEEKS QTY #12: Upheld

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

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

Decision rationale: This patient presents with right knee pain, right leg pain, and right shoulder pain. The treating physician has asked for physical therapy for the left shoulder 3 times a week for 4 weeks on 8/15/13. Utilization review letter dated 11/6/13 states patient had 44 physical therapy sessions for the shoulders. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the treating physician has asked for 12 sessions of physical therapy which exceeds MTUS guidelines for this type of condition. The documentation does not state the necessity for additional therapy for the shoulder, with no recent physical exam findings, and no recent flare-up, functional decline, new injury, etc., that would warrant another course of therapy. Request is found to be not medically necessary.