

Case Number:	CM14-0018323		
Date Assigned:	04/18/2014	Date of Injury:	06/06/2012
Decision Date:	06/30/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/13/2014

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 Occupational Medicine 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 has submitted a claim for persistent bilateral knee pain as well as bilateral shoulder pain associated with an industrial injury date of June 6, 2012. Treatment to date has included medications, physical therapy, C2-C4 anterior cervical discectomy and fusion (ACDF) surgery on April 26, 2013, and left knee arthroscopy, partial meniscectomy, abrasion chondroplasty, and medial tibial articular surface on October 25, 2013. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of persistent bilateral knee and shoulder pain aggravated by repeated lifting, loading, unloading, and climbing. On physical examination, there was tenderness noted over the cervical spine, cervicotrachezial ridge, and bilateral shoulders. Impingement test was positive, bilaterally. Muscle spasms were noted at the cervical and lumbar spine. Range of motion was restricted towards right shoulder flexion at 150 degrees, left shoulder flexion at 140 degrees, bilateral shoulder extension at 40 degrees, right shoulder abduction at 150 degrees, left shoulder abduction at 130 degrees, bilateral shoulder adduction at 40 degrees, right shoulder internal/external rotation at 70 degrees, and left shoulder internal/external rotation at 60 degrees. Pain was noted during all extremes of restricted bilateral shoulder range of motion. Motor strength of bilateral upper extremities was graded 4/5, while left lower extremity was graded 3/5. Kemp's test was positive bilaterally. MRI of the cervical spine, dated 06/14/2012, revealed multi-level degenerative disc dehiscence with downward protrusion of the nucleus pulposus; while lumbar MRI showed L5 disc injuries and 3 mm bulge. MRI of the right knee, dated 06/14/2012, was consistent with meniscus tear as well as arthritis. Utilization review from January 15, 2014 denied the request for additional physical therapy, 2 times for 4 weeks to the lumbar spine, cervical spine, bilateral shoulders and bilateral knees because there were no objective findings in the cervical spine or bilateral knees to indicate the need for additional therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY, 2 TIMES A WEEK FOR 4 WEEKS TO THE LUMBAR SPINE, CERVICAL SPINE, BILATERAL SHOULDERS, AND BILATERAL KNEES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

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

Decision rationale: According to pages 98-99 of the Chronic Pain Medical Treatment Guidelines, a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment are paramount. In this case, the functional goals for the patient are not clearly defined. Medical records submitted and reviewed do not provide evidence of limitation in activities of daily living that would warrant additional treatment sessions. In addition, passive therapy can provide short-term relief during the early phases of pain treatment; however, the patient has been suffering from chronic pain since 2012. Likewise, patients are expected to continue active therapies at home in order to maintain improvement levels. He already underwent 13 post-operative physical therapy sessions to the knee. The patient should be well-versed in a self-directed home exercise program by now. Therefore, the request for additional physical therapy, 2 times a week for 4 weeks to the lumbar spine, cervical spine, bilateral shoulders and bilateral knees is not medically necessary.