

<b>Case Number:</b>	CM14-0018378		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	02/05/2010
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Internal 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 claimant is a 63 year old female with a date of injury of 2/5/2010. The patient reported a pop was felt in her left Achilles region while pushing a gate closed while at work. Initially, the patient underwent conservative therapy with cortisone injections to her left Achilles tendon with short term benefit. She subsequently underwent left Achilles tendon repair on 3/3/2012, followed by 36 physical therapy sessions. On 7/11/2013 she reported essentially unchanged pain, pain during walking and worse at night, pain located on the posterior aspect of her heel and sometimes medially. Then on 8/22/2013 she reported to be feeling a little bit better but still having cramping pain at night, and she has been able to walk half a block before having more pain. She underwent MRI which revealed a little bit of site signal increase in the anterior-inferior Achilles tendon with the tendon itself largely intact. The physician diagnosed her with persistent Achilles tendinosis following tendon repair. The patient also reported left knee pain and right shoulder pain from repetitively pushing and pulling a heavy gate. She had a return visit on 7/10/2014 with Nurse Practitioner [REDACTED] who works for [REDACTED], MD who is an orthopedic surgeon. Her chief complaint at that time was left knee pain which has been ongoing. She had an MRI of her left knee on 5/30/2014 which revealed partial posterior root tear and subluxation of medial meniscus, tricompartmental chondromalacia, mucinous degeneration of the curciate ligaments and effusion and large Baker's cyst. She admits to localized medial knee pain aggravated with going down stairs. She also reports that her right shoulder pain is improving with physical therapy. On physical exam, she has pain with O'Brien's sign/empty can sign and internal and external rotation strength is 5+. Active range of motion in abduction 130 degrees and forward flexion 150 degrees. Passive range of motion in abduction 100 degrees and forward flexion 120 degrees. Positive joint impingement in the knee. Tenderness to palpation at the bilateral joint lines was noted. Finally, motor strength was 5+ in

the quadriceps and hamstring. The patient was diagnosed with left knee pain consistent with left knee chondromalacia, medial compartment/patellofemoral compartment and medial meniscus tear. Right shoulder pain is consistent with superior labral tear from anterior to posterior (SLAP) lesion and impingement.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **PHYSICAL THERAPY 2-3 TIMES PER WEEK FOR 6 WEEKS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Section 9792.20 Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Physical Therapy Section.

**Decision rationale:** Based on MTUS guidelines, physical therapy is to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. Also, physical medicine guidelines recommend for myalgia and myositis, 9-10 visits over 8 weeks, 8-10 visits over 4 weeks for neuralgia, neuritis and radiculitis, and finally 24 visits over 16 weeks for reflex sympathetic dystrophy. Based on ODG guidelines, if significant symptoms causing self-limitations or restriction persist beyond 4-6 weeks, then referral for specialty evaluation such as physical medicine and rehabilitation may be indicated to assist in the confirmation of the provisional diagnosis and in the determination of further management. Official Disability guidelines indicate that in non surgical treatment of impingement syndrome a maximum physical therapy regimen is 10 visits over 8 weeks. In cases of knee strain/sprain, a typical maximum physical therapy regimen is 12 visits over 8 weeks; or for knee joint pain, a maximum physical therapy regimen of 9 visits over 8 weeks. Allow for fading treatment frequency, plus active self-directed home physical therapy. In this case, the patient had been approved 36 visits of physical therapy for her Achilles tendonitis, and 10 physical therapy sessions for her right shoulder pain. In this case, there has not been any physical therapy to the left knee reported or documented. However, since there was no specification as to which joint or body part was the intended recipient for physical therapy, it is concluded that Physical Therapy 2-3 times per week for 6 weeks is not medically necessary.

#### **MRI OF THE RIGHT SHOULDER: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter.

**Decision rationale:** The ODG reports indications for MRI in acute shoulder trauma, suspect rotator cuff tear/impingement or sub acute shoulder pain, and suspect instability/labral tear. In this case, the patient had pain with O'Brien's sign/empty can sign and her exam is consistent with superior labral tear from anterior to posterior (SLAP) lesion and impingement. She has undergone multiple sessions of physical therapy, and pain continues to persist. Based on the ODG guidelines and the evidence reported in this case, the request for the MRI of the Right Shoulder is medically necessary.

**MRI OF THE LEFT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter.

**Decision rationale:** According to the Official Disability Guidelines Knee and Leg chapter, an MRI would be recommended for acute trauma to the knee, including significant trauma (e.g. motor vehicle accident), or if there is a suspected posterior knee dislocation or ligament or cartilage disruption. In this case, there were signs of medial meniscus internal derangement, and an MRI was subsequently performed on her left knee on 5/30/2014. Based on the review of the reports, there were no new concerns that would warrant additional MRI testing of the left knee just 2 months from the prior study. Due to review of the guidelines and evidence provided, the request for the MRI of the Left Knee is not medically necessary.