

<b>Case Number:</b>	CM14-0123441		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	07/27/2010
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 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 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 51-year-old claimant for which there is conflicting information as to whether this is a male or a female, who sustained a vocational injury on July 27, 2010 while working as a housekeeping supervisor. The claimant previously underwent right knee arthroscopy with tricompartmental chondroplasty, tricompartment meniscectomy, tricompartmental synovectomy, and a right knee injection on January 24, 2014. Grade III/IV changes were noted intraoperatively. The claimant was seen in the office on June 10, 2014 at which time they had complaints of bilateral shoulder pain. The claimant also reported cramping of the right foot secondary to right knee pain. The claimant noted that the right knee occasionally gave out and had locking. The claimant had difficulty with stair climbing. The claimant reported crepitus in the right knee and pain awakening at night. The claimant also complained of increased pain with overhead lifting with the left shoulder. The claimant was reporting popping and clicking in the left shoulder. There were left shoulder symptoms awakening at night. On examination, the claimant was ambulating with a four wheeled walker. The claimant was noted to be wearing a right knee brace. Examination of the lumbar spine elicited tenderness over the paralumbar muscles bilaterally. Examination of the shoulders demonstrated palpation elicited tenderness over the paralumbar muscles bilaterally. The claimant had restricted range of motion of the bilateral shoulders, left significantly more impressive than the right. Pain was a limiting factor in regards to range of motion in all directions bilaterally. The claimant was noted to have positive impingement test left greater than right, positive Neer test left greater than right, positive Hawkins/Kennedy test, left greater than right. Empty can-supraspinatus test was positive

bilaterally, greater on the left. Examination of the knee demonstrated palpation elicited hypertonicity, tenderness with spasm of the right hamstring muscle. Range of motion was 0 to 120 degrees on the right and 0 to 130 degrees on the left. There was evidence of pain with spasm upon flexion of the right knee. There was positive evidence crepitus upon examination. McMurray's test with internal/external rotation was positive on the right. The claimant had 4-/5 strength shoulder abductors in flexion on the left, 4/5 on the right. 4-/5 strength in knee extensors on the right and 5/5 otherwise bilateral lower extremities. The claimant was given working diagnoses of status post lumbar surgery, cervical spine disc protrusion, left shoulder sprain/strain, left shoulder impingement and rotator cuff syndrome, right rotator cuff syndrome, left frozen shoulder/adhesive capsulitis, status post right knee meniscectomy with secondary endstage arthritis, right knee osteoarthritis, bilateral knee internal derangement, right knee chondromalacia patella, right knee medial meniscus tear, anxiety and depression. Conservative treatment to date for the right knee includes at least two intraarticular cortisone injections, hinged knee brace, wheeled walker, knee sleeve, physical therapy. The current request is for physical therapy times twenty-four sessions for the shoulders, knee, neck, and back.

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

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

**Physical Therapy 3 x 8 to shoulders, knee, neck and back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic Pain Medical Treatment Guidelines Pg 98-99.

**Decision rationale:** California MTUS Chronic Pain Treatment Guidelines have been referenced. Documentation fails to establish the number of previous physical therapy visits completed and if previous therapy failed to provide any significant relief of subjective complaints, decrease in abnormal physical exam objective findings and overall function or vocational improvement both in the short and long term. California MTUS Chronic Pain Guidelines support eight to ten visits over four weeks for the current working diagnoses. Prior to considering the medical necessity, it would be imperative to know the amount and response of previous therapy prior to considering medical necessity of the requested additional therapy. Furthermore, based on the documentation presented for review and in accordance with California Chronic Pain Medical Treatment Guidelines, the request cannot be considered medically necessary.

**Right knee replacement:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Knee joint replacement.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Comp 18th edition, 2013 Updates, chapter kneeKnee Joint Replacement.

**Decision rationale:** In regards to the request for right knee replacement, California MTUS, ACOEM and Official Disability Guidelines have been referenced. California MTUS Guidelines suggest that there should be attempted, failed and exhausted conservative treatment prior to recommending and considering surgical intervention. In addition, documentation, according to Official Disability Guidelines, should suggest that claimants have limited range of motion, nighttime joint pain, no pain relieve with conservative care, and documentation of current functional limitations along with a BMI of less than 35 and radiographic imaging supporting endstage degenerative changes. Currently documentation fails to establish that the claimant has had a recent exhaustive course of conservative treatment, has utilized antiinflammatories and viscosupplementation along with formal physical therapy and a home exercise program, and has documentation of radiographic studies confirming endstage degenerative changes within the right knee. Furthermore, based on the documentation presented for review and in accordance with California MTUS, ACOEM and Official Disability Guidelines, the request for the right knee replacement cannot be considered medically necessary.