

<b>Case Number:</b>	CM14-0168562		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	09/19/2011
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Family Medicine and is licensed to practice in Colorado. 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:

This 41 year old female with date of injury 9/19/2011 continues care with the treating physician. Patient continues to have issues with right shoulder pain, right elbow pain, right knee pain, and low back/hip pain. The records indicate various therapies including medication management, Biofreeze, Transcutaneous Electrical Nerve Stimulation (TENS) unit, braces, and surgical intervention for right shoulder 10/25/2013, and right knee 10/2012. (Patient also had Left knee ACL repair 5/23/2014.) The records supplied for review do not document current medication regimen or other current / recent treatments for the right knee or the right shoulder. The treating physician requests 18 Physical Therapy visits for the right knee and Orthopedic consultation for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 18 visits, right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 44;897,Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 98-99.

**Decision rationale:** Per the MTUS Guidelines, Physical Therapy is recommended in specific circumstances. Passive therapies have been shown to be beneficial in early stages / acute pain, to help control pain, inflammation, and swelling and to promote healing of soft tissue injuries. While passive therapies can be helpful short term, active therapies have shown clinically significant improvement long term. Active therapies require energy expenditure on the part of the patient and may require supervision, but are expected to be continued as home exercise program as well. Per the MTUS guidelines, Physical Therapy can be recommended in specific frequency and duration for specific conditions: 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. Per the ACOEM Guidelines, physical therapy and other modalities may be continued if there is evidence of functional improvement. However, there is insufficient evidence to recommend a specific number or frequency of Physical Therapy visits for meniscal tear of the knee, unless post-surgical, when maximum 12 visits over 4 weeks is recommended. The records for the above patient do not indicate exactly the current diagnosis for the knee pain or the current / recent therapies tried. Patient did previously have meniscal tear, surgically addressed in 2012, after which physical therapy may have been done, though not documented in the records sent for review. As the records supplied do not specify the diagnosis, or previous therapies, and as the requested number of Physical Therapy visits exceeds any recommended total number of visits without re-assessment for functional improvement, the 18 Physical Therapy visits are not medically necessary.

**Ortho consultation right shoulder:** Upheld

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

**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) Chapter 6, page(s) 163

**Decision rationale:** The MTUS Guidelines do not address the issue of consultation, so ACOEM Guidelines have been consulted. Per the ACOEM, specialist consultation is to be sought when a specific answer or issue is to be addressed. The consultant is to aid in diagnosis, verify diagnosis, assess for prognosis and appropriateness of therapeutic management, determine medical stability and permanent loss, and assess for fitness to return to work. A consultant is generally an advisor on a case, but can take full responsibility for patient care if needed. The records supplied do not include any up to date evaluation of the right shoulder or indication as to why Orthopedic consultation would be needed at this time. The most recent record mentioning the Right shoulder is assessment in April 2014 which indicates patient has residual pain despite surgery October 2013. However, the records do not include any follow up to that assessment indicating patient had tried and failed other treatment options. The consultation for Orthopedic evaluation is therefore not supported by the documentation and thus not medically indicated.

