MAXIMUS Federal Services

Case Number:	CM14-0033322		
Date Assigned:	06/20/2014	Date of Injury:	04/26/2012
Decision Date:	07/30/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/17/2014

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 Physical Medicine and Rehabilitation 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 55 year old male who was injured from 01/28/2012 to 01/31/2012. The mechanism of injury is unknown. The patient underwent mini-open rotator cuff repair, distal clavicle resection, and subacromial decompression on 10/25/2013.Diagnostic studies reviewed include EMG of the upper extremities dated 02/26/2013 revealed bilateral moderate carpal tunnel syndrome. Progress report dated 02/25/2014 states the patient has persistent pain of both knees that is aggravated by squatting, kneeling, ascending and descending stairs, walking multiple blocks, prolonged standings and sitting. On exam, the cervical spine reveals tenderness at the cervical paravertebral muscles. There is pain with terminal motion. There is dysestehsia at the C5 and C6 dermatomes. The right shoulder reveals tenderness at the acromioclavicular joint. There is a positive impingement sign and pain with terminal motion. The left shoulder is within normal limits. There is positive palmar compression test subsequent to Phalen's maneuver. Reproducible symptomatology into the median nerve with a positive Tinel's with paresthesias has been noted. The lumbar spine has tenderness over the paravertebral muscles with spasm. Seated nerve root is positive and there is dysesthesia at the L5 and S1 dermatomes. He has tenderness at the knee joint line anteriorly and positive patellar compression test. He has pain with terminal flexion with crepitus. Bilateral feet revealed tenderness in the metatarsal regions of the bilateral feet, right side more pronounced than the left, consistent with metatarsalgia. The patient is diagnosed with cervical discopathy with radiculitis, lumbar discopathy with radiculitis, right shoulder impingement syndrome, double crush/carpal tunnel syndrome, and metatarsalgia/plantar fasciitis. The treatment and plan included a MRI of the bilateral knees as the patient continues to have persistent knee pain with locking, popping, and buckling. He was referred for a sleep study and he was instructed to continue his strengthening exercises for his shoulder. Prior utilization review dated 02/27/2014 states the request for X-Ray left knee AP

Lateral Skyline Standing is denied as there is no information submitted that describes the reasoning behind the request such as subjective complaints and objective findings; Home Exercise Kit for left shoulder (purchase) is denied as MTUS guidelines do not support specialty equipment for use with home exercise programs; Additional therapy every 10-14 days is denied because guidelines allow for 24 PT sessions s/p arthroscopic rotator cuff repair, patient completed 26 sessions and has 4 more authorized, and he should be well versed in home exercise when finishing the remaining 4 session.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray left knee AP Lateral Skyline Standing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 341-343.

Decision rationale: As per ACOEM guidelines, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma: Patient is able to walk without a limp and Patient had a twisting injury and there is no effusion. A progress report dated 02/25/2014 documented tenderness at the knee joint line anteriorly and positive patellar compression test and pain with terminal flexion with crepitus. Otherwise, no evidence of swelling or gait abnormality. Thus, the request for X-ray left knee AP Lateral Skyline Standing is not medically necessary for evaluation.

Home Exercise Kit for left shoulder (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA MTUS guidelines do not discuss the issue. The ODG state that home exercise kits are recommended as an option. Medical records indicate the patient completed 26 sessions and has 4 more authorized, and he continue home exercise when finishing the remaining 4 session. Home exercise is important, but it can be done without the equipment. Therefore, the medical necessity is not established.

Additional therapy every 10-14 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As per CA MTUS Chronic pain medical treatment guidelines, physical medicine 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. Additionally, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Prior utilization review dated 02/27/2014 states that guidelines allow for 24 PT sessions s/p arthroscopic rotator cuff repair, patient completed 26 sessions and has 4 more authorized, and he should be well versed in home exercise when finishing the remaining 4 session. Therefore, the medical necessity for Additional therapy every 10-14 days is not established.