

Case Number:	CM14-0034403		
Date Assigned:	06/20/2014	Date of Injury:	06/23/2004
Decision Date:	08/29/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/19/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 57 year old female who was injured on 06/23/04. The mechanism of injury is not indicated. The injured worker's diagnoses pertinent to this review include Chondromalacia Patella, Sprains and Strains of the Knee, Not Otherwise Specified (NOS) and Sprains and Strains of the Neck. Other treatment has included physical therapy, aqua therapy, right knee injections and medications. Surgical history includes left knee surgery; surgery date is not specified. The injured worker most recently complained of low back pain, right shoulder pain and right knee pain. The injured worker reports right knee locking, popping and instability. Right knee arthroscopy and partial meniscectomy was requested but denied. Physical examination dated 11/11/13 noted spasm, tenderness and guarding in the paravertebral musculature of the cervical and lumbar spine with decreased range of motion. McMurray's sign was positive in the right knee and motor strength was 4/5. The most recent physical examination dated 02/03/14 again notes positive McMurray's sign of the right knee with tenderness noted at the medial and lateral joint line upon flexion and extension. Lumbar examination is unchanged. It is noted the injured worker is only able to abduct the right shoulder to approximately 100 with pain. A request for 12 visits of physical therapy for the lumbar spine, bilateral knees and right shoulder is denied by Utilization Review on 03/05/14. A letter of appeal from the treating physician on 03/11/14 based the appeal on recommendations set forth by an agreed medical evaluation (AME) for physical therapy to address flare-ups and the injured worker's worsening knee, lower back and left-sided shoulder pain. The AME report is not submitted for review and the body parts addressed by the AME are not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x12 Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 OF 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): low back procedure summary last updated 2/13/14.

Decision rationale: The request for physical therapy x 12 sessions for the lumbar spine is not recommended as medically necessary. MTUS does allow for treatment with physical therapy in certain cases, but does not specifically address active physical therapy for low back complaints. Submitted documentation does not include a specific diagnosis for the injured worker's low back condition. ODG's recommendations for physical therapy to address lumbago allow for 9 visits over 8 weeks. The submitted request exceeds applicable guideline recommendations. The records do not include evidence of exceptional factors which would warrant treatment in excess of guideline recommendations. The records do indicate the injured worker has been treated with physical therapy and aqua therapy in the past; however, there are no treatment records from the visits submitted for review. The injured worker's response to previous therapy is unclear and the anticipated gains of further treatment are not included. Based on the clinical information provided, medical necessity for 12 sessions of physical therapy for the lumbar spine is not established. The request for physical therapy for twelve sessions (visits) for the lumbar spine is not medically necessary.

Physical Therapy x12 bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee and Leg Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 OF 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee and Leg Procedure Summary last updated 01/09/2013.

Decision rationale: The request for physical therapy x 12 sessions for the bilateral knees is not recommended as medically necessary. MTUS does allow for treatment with physical therapy in certain cases, but does not specifically address active physical therapy for knee complaints. ODG's recommendations for physical therapy for knee sprain/strains include 12 visits over 8 weeks. Records indicate the injured worker's knees have been treated with physical therapy and aqua therapy in the past. The right knee has also been treated with injections. Surgery for the right knee is recommended, stating that conservative treatment had been attempted. The injured worker's failure to appropriately respond to previous courses of physical therapy negate the approval of continued formal physical therapy sessions. The number of sessions participated in

to date is not indicated. Functional limitations of the injured worker's left knee are not included. Objective therapeutic goals of physical therapy for the bilateral knees are absent. Based on the clinical information provided, medical necessity for 12 sessions of physical therapy for the bilateral knees is not established. The request for physical therapy for twelve sessions (visits) for the bilateral knees is not medically necessary.

Physical Therapy x12 right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical therapy section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 OF 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical therapy section.

Decision rationale: The request for physical therapy x 12 sessions for the right shoulder is not recommended as medically necessary. MTUS does allow for treatment with physical therapy in certain cases, but does not specifically address active therapeutic exercise for shoulder complaints. Submitted documentation indicates the injured worker has suffered a cervical strain, but does not include a diagnosis for the right shoulder specifically. ODG's recommendations for physical therapy for a strained shoulder allow for 10 visits over 8 weeks. This request exceeds guideline recommendations while submitted documentation fails to provide evidence of exceptional factors to justify treatment in excess of applicable recommendations. Objective functional therapeutic goals are absent and the desired modalities of treatment are not indicated. Based on the clinical information provided, medical necessity of 12 sessions of physical therapy for the right shoulder is not established. The request for physical therapy for twelve sessions (visits) for the right shoulder is not medically necessary.