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| <b>Case Number:</b>   | CM14-0067846 |                              |            |
| <b>Date Assigned:</b> | 07/11/2014   | <b>Date of Injury:</b>       | 04/19/2013 |
| <b>Decision Date:</b> | 09/16/2014   | <b>UR Denial Date:</b>       | 05/08/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/12/2014 |

### 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 injured worker is a 70-year-old female with a reported date of injury of 04/19/2013. The injury reportedly occurred when a patient fell, causing the injured worker to fall. Her diagnoses are noted to include cervical spine degenerative disc disease, bilateral shoulder rotator cuff tendinopathy, possible tear, and right knee severe osteoarthritis. Her previous treatments were noted to include physical therapy, back support, and medications. The progress note dated 04/18/2014, revealed the injured worker complained of pain to her right knee, neck and both shoulders that was worse with movement. The injured worker indicated they were only partially alleviated with medications, heat, and ice. The injured worker complained of right knee numbness at times and tingling in the toes. The injured worker complained of difficulties with walking, going up and down the stairs, and with respect to the shoulders, had pain in the anterior aspect and superior aspect, and had difficulties reaching overhead. The injured worker rated her pain at 6/10 to 7/10 in terms of severity. The physical examination of the shoulders showed she could forward elevate both shoulders about 90 degrees, abduct 90 degrees, internally rotate to the left to the sacrum and the impingement sign was positive in both shoulders. The examination of the right knee demonstrated there was a mild various deformity with no effusion and no erythema. There was tenderness noted on the medial joint line and range of motion was about 0 degrees to 110 degrees. The ligaments were stable and the neurovascular status was intact to the right leg. The Request for Authorization form was not submitted within the medical records. The request was for physical therapy pain symptoms, cortisone injection to the right knee for knee pain, ultrasound, and MRI of the bilateral shoulders to see if there is an underlying rotator cuff tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy (unspecified amount): 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 Therapy Page(s): 98-99.

**Decision rationale:** The request for physical therapy (unspecified amount) is not medically necessary. The injured worker has received physical therapy sessions. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed to and expected to continue with active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. The documentation provided indicated deficits in regard to range of motion. However, the documentation indicated the injured worker had received previous physical therapy sessions and there is a lack of quantifiable objective functional improvements and the number of sessions completed. Additionally, the request failed to provide the number of sessions requested. Therefore, the request is not medically necessary.

**Cortisone Injection in the Right Knee: 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 (ODG), Knee and Leg, Corticosteroid injections.

**Decision rationale:** The request for a Cortisone Injection to the Right Knee is not medically necessary. The injured worker complained of knee pain. The Official Disability Guidelines recommend corticosteroid injections for short term use only. There is a lack of documentation regarding objective findings of severe osteoarthritis of the knee including bony enlargement, bony tenderness, crepitus, less than 30 minutes of morning stiffness and no palpable warmth over the synovium. The documentation indicated the injured worker has had previous physical therapy, however, it did not indicate failure of conservative treatment. Therefore, the request is not medically necessary.

**Ultrasound of the Bilateral Shoulders: 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 (ODG), Shoulder, Ultrasound.

**Decision rationale:** The request for an ultrasound of the bilateral shoulders is non-certified. The injured worker complains of pain to both shoulders and there was a decreased range of motion and positive impingement sign. The Official Disability Guidelines state that the results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear and that either MRI or ultrasound could equally be used for detection of full thickness rotator cuff tears, although ultrasound may be better at picking up partial tears. The diagnostic accuracy of an ultrasound compared well with an MRI and clinical assessment alone was unreliable in diagnosing full thickness rotator cuff tears. The documentation provided indicated that the injured worker had received previous therapy. However, there is a lack of documentation regarding failure of conservative care. The provider indicated the injured worker should start with physical therapy prior to imaging studies. Therefore, the request is not medically necessary.

**MRI of the Bilateral Shoulders:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** The request for an MRI of the bilateral shoulders is not medically necessary. The injured worker has received previous physical therapy sessions. The guidelines state for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. The guidelines state an MRI can be used to identify and define impingement syndrome, rotator cuff tear, recurrent dislocation, tumor, or an infection. There is a lack of documentation of failure of conservative care and the provider indicated once the injured worker completed physical therapy; if she continued to have symptoms then an MRI or an ultrasound would be ordered. The previous request for physical therapy was non-certified and there is a lack of documentation regarding a home exercise program in place. Therefore, the request is not medically necessary.