

Case Number:	CM14-0068363		
Date Assigned:	07/14/2014	Date of Injury:	03/16/2007
Decision Date:	11/24/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/13/2014

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 Emergency Medicine 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 60-year-old female who reported an injury on 03/16/2007. While performing repetitive duties, she sustained an injury as she was kneeling to check under a bed. Diagnoses were cervical spine chronic sprain/strain, cervical spine with left upper extremity radicular complaints, cervical spine disc/osteophyte complex with degenerative arthropathy, per MRI 08/13/2008, left shoulder acromioclavicular joint tendonitis, per MRI 08/13/2008, status post right shoulder partial rotator cuff repair, 03/23/2010, right shoulder postoperative adhesive capsulitis, with moderate atrophy of the supraspinatus muscle per MRI of 01/12/2012, right elbow lateral epicondylitis, left elbow cubital tunnel syndrome per EMG/NCV 07/30/2008, right wrist carpal tunnel syndrome, right middle finger, trigger finger, left wrist with mild carpal tunnel syndrome, per EMG/NCV 01/10/2012, lumbar spine chronic strain, lumbar spine with right lower extremity radicular complaints, lumbar spine degenerative disc disease at L4-5 and L5-S1, per MRI scan of 08/13/2008, status post right knee arthroscopy with chondroplasty partial medial meniscectomy 10/29/2007, right knee recurrent medial meniscal tear, per MRI 08/13/2008, left knee possible medial meniscal tear with cyst, per MRI 05/17/2007, bilateral knee chondromalacia patella, right knee, several areas of osteochondritis without surrounding marrow edema seen in the medial femoral condyle and prominent grade I signal intensity in the mid body of the medial meniscus with small adjacent parrot beak type tear demonstrated, per MRI 09/06/2012, left knee, severely degenerated and partially herniated medial meniscus, medial compartment joint space narrowing and marginal osteophyte formation, small effusion, and mixed signal intensity structure adjacent to the posterior horn of the medial meniscus, per MRI 09/06/2012, complaints of stress and depression, obesity, and gastritis. Physical examination on 04/04/24 revealed the injured worker had complaints of increased pain to the right shoulder, right upper arm, upper back, right elbow, right wrist/hand, left upper extremity, neck, and low back.

She is not sure what caused her increased pain. The injured worker reported that she had completed approximately 1 to 2 sessions of physical therapy, and found physical therapy to be very helpful and was interested in further sessions of physical therapy. The injured worker has been doing massages and using ice and creams to help manage her symptoms. The patient continues to see a psychologist for stress and depression through her private insurance. The injured worker had complaints of bilateral shoulder pain that radiated to the upper back, the upper arm, and down the sides of the ribs. There were complaints of tingling to both shoulders at times with popping and clicking. The patient had complaints of bilateral elbow pain that was intermittent. There were complaints of numbness and tingling and locking and swelling of the elbows at times. There were complaints of bilateral wrist/hand pain which was intermittent. There were complaints of numbness and tingling, tiredness and weakness. The pain was made worse with gripping and grasping and carrying things. There were complaints of low back pain. The pain was reported as radiated down the right leg to the knee area. There were complaints of numbness and tingling at times in the low back and right leg to the knee. There were complaints of intermittent bilateral knee pain. The pain radiated to the shin area bilaterally with an electric shock at times on the left. There was swelling of the knees down to the ankles, which was intermittent. There was popping and clicking of the knees. It was also reported that both knees give out and lock at times. Examination of the right shoulder demonstrated tenderness to palpation to the lateral and anterior aspects of the right shoulder and right trapezius muscle. Neer's and Hawkins signs were positive. The left shoulder examination revealed tenderness to the anterior and lateral aspect of the left shoulder. There was also tenderness to the left trapezius. There was a positive Neer's and Hawkins test. Examination of the right shoulder revealed tenderness to palpation diffusely over the elbow. Examination of the left elbow demonstrated generalized tenderness to palpation. Examination of the right wrist/hand revealed triggering of the right middle finger and the left wrist/hand revealed diffuse tenderness to palpation. Examination of the right knee revealed tenderness to palpation to the medial and lateral joint lines, the left knee demonstrated tenderness over the lateral and medial joint lines. Treatment plan was for physical therapy at the cervical spine, lumbar spine, bilateral shoulders, bilateral elbows, hands/wrists, and bilateral knees 2 times 6. The rationale was that the injured worker was experiencing an increase in pain with positive findings upon examination. The injured worker has had physical therapy in the past with noted benefit. It was felt that the injured worker would benefit from physical therapy to increase range of motion and blood flow, decrease pain and inflammation, increase flexibility, and help with activities of daily living. Medications were Vicodin, venlafaxine HCL, Amlodipine Besylate, Omeprazole, vitamins, and calcium. The request for authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the cervical spine, lumbar spine, bilateral shoulders, bilateral elbows, hands/wrists and bilateral knees 2 times a week for 6 weeks: Upheld

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

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

Decision rationale: The decision for Physical Therapy for the cervical spine, lumbar spine, bilateral shoulders, bilateral elbows, hands/wrists and bilateral knees 2 times a week for 6 weeks is not medically necessary. The California Medical Utilization Schedule states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling, and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. Patients are instructed and expected to continue 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. It is unknown how many sessions of physical therapy the injured worker has participated in. It was not reported that the injured worker was participating in a home exercise program or a home stretching program. Reasons why a home exercise program could not be continued for further gains were not reported. Also, the request exceeds the recommended sessions of physical therapy. Therefore, this request is not medically necessary.