

Case Number:	CM14-0091366		
Date Assigned:	07/25/2014	Date of Injury:	06/14/2012
Decision Date:	09/08/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/16/2014

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, has a subspecialty in Pain 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:

This is a 58-year-old patient who sustained an industrial injury on 06/14/2012. Diagnoses include lumbar spine sprain/strain with radiculitis, rule out discogenic disease, lumbar myofascial pain syndrome, right shoulder sprain/strain, impingement syndrome and tendinosis, left knee internal derangement and meniscal tear, toxic exposure, depression, and insomnia. A request for physical therapy 3 times per week times 4 weeks to the lumbar, right shoulder, and left knee was not certified at utilization review on 05/21/14, with the reviewing physician noting that the CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based on the patient's progress and meeting those goals, and allow for feeding treatment frequency. It was noted that this patient has already had 20 sessions of physical therapy for the low back, right shoulder, and postoperative physical therapy x 20 sessions for the left knee. There was no evidence of any functional improvement or games and activities of daily living from the prior sessions, and guidelines support will be up to 10 sessions of physical therapy for the lumbar sprain, 10 sessions for shoulders periods, and 12 sessions pretty separate. Previous treatment has included physical therapy, medications including tramadol and topical medications, extracorporeal shockwave therapy, left knee arthroscopy with partial benefit discectomy, chondroplasty of medial oral condyle and limited synovectomy. There are multiple physical therapy notes and extracorporeal shockwave therapy procedure reports included for review. On progress note dated 05/15/14 the patient complained of pain in the low back, left knee and right shoulder. He also complained of toxic exposure. Pain was rated at 3/10 in the low back and right shoulder and 4/10 to the left knee. Objective findings on examination revealed grade 2 tenderness to palpation over the lumbar paraspinal muscles and to palpable spasm, which has remained the same since last visit. There was restricted range of motion. Straight leg raise test

was positive bilaterally and there were trigger points noted. Right shoulder examination revealed grade 2 tenderness to palpation, unchanged since last visit. Left knee examination revealed grade 3 tenderness to palpation, unchanged since last visit. McMurray's test was positive. The patient reported physical therapy helps to decrease his pain and spasm and increase endurance and function. Treatment plan was for additional physical therapy to the lumbar spine, right shoulder and left knee 2 times per week for 6 weeks as well as a final physical performance functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 3x4 week - Lumbar , rt shoulder and left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 114, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Physical Medicine; Low Back ; Left Knee. Decision based on Non-MTUS Citation ODG; Low Back, ODG Shoulder Chapter, ODG Knee Chapter; Physical Therapy.

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

Decision rationale: The California MTUS recommends: "Allow for fading of treatment frequency plus active self-directed home physical medicine." The patient's injury is chronic and extensive physical therapy has been performed in the past. The ODG guidelines recommend up to 10 visits for lumbar sprain, 10 visits for right shoulder sprain, and 12 visits for knee sprains. It is noted the patient has previously completed 20 sessions of physical therapy to the lumbar spine, 20 sessions to the shoulder, and 20 sessions postoperatively to the knee. There is no documentation of what functional improvement was achieved with previous sessions or why the patient needs to return to supervised exercise therapy rather than continuing with a fully independent home exercise program. Patient's are instructed in an expected to maintain an independent self-directed home exercise program during and following supervised physical therapy. There is no description of the patient participated in active aggressive structured home exercise program. There are no significant remaining deficits that could not be addressed with participation in an independent home exercise program to support medical necessity for additional supervised rehabilitation. The requested physical therapy 3x4 week to the lumbar, right shoulder and left knee is not medically necessary and is non-certified.

Extracorporeal Shockwave Therapy of left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; regarding Extracorporeal Shockwave Therapy (ECSWT) for the left knee.

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

Decision rationale: The California MTUS recommends: "Allow for fading of treatment frequency plus active self-directed home physical medicine." The patient's injury is chronic and extensive physical therapy has been performed in the past. The ODG guidelines recommend up to 10 visits for lumbar sprain, 10 visits for right shoulder sprain, and 12 visits for knee sprains. It is noted the patient has previously completed 20 sessions of physical therapy to the lumbar spine, 20 sessions to the shoulder, and 20 sessions postoperatively to the knee. There is no documentation of what functional improvement was achieved with previous sessions or why the patient needs to return to supervised exercise therapy rather than continuing with a fully independent home exercise program. Patient's are instructed in an expected to maintain an independent self-directed home exercise program during and following supervised physical therapy. There is no description of the patient participated in active aggressive structured home exercise program. There are no significant remaining deficits that could not be addressed with participation in an independent home exercise program to support medical necessity for additional supervised rehabilitation. The requested physical therapy 3x4 week to the lumbar, right shoulder and left knee is not medically necessary and is non-certified.