

Case Number:	CM14-0121006		
Date Assigned:	11/19/2014	Date of Injury:	07/27/2012
Decision Date:	01/07/2015	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/31/2014

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 Family 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 46-year old housekeeper reported injuries to her right knee, right elbow and right shoulder with a date of injury of 7/27/12. The mechanism of injury is not described in the available records. Treatment has included a right knee arthroscopic surgery in March 2013 and right shoulders arthroscopy on 1/20/14. Past medical history is notable for diabetes, obesity and hypertension. Current diagnoses include status post right shoulder arthroscopy, status post right knee arthroscopy, end-stage patellofemoral arthritis, right elbow lateral epicondylitis, rule out radial tunnel syndrome, and progressive right L4, L5 and S1 neurologic deficit. There are several progress notes from the primary provider's office in the available records, dating from 1/13/14 to 7/22/14. All note ongoing pain in multiple areas. Documented objective findings are minimal, and usually confined to the tenderness and limited range of motion of the right shoulder. There are occasional mentions of hip, knee and low back findings. No elbow exam is ever documented. No psychiatric symptoms or evaluation are ever documented. The treatment plan occasionally includes a request for psychiatric referral "to address reactive depression, refractory to strategies implemented to date" and for an MRI of the right elbow because "the right elbow condition is refractory to treatment to date". The patient obtained 12 sessions of post-operative physical therapy for the right shoulder, with minimal benefit according to an AME evaluation of 6/3/14. A 6/23/14 progress note from the primary provider's office documents that the patient has ongoing bilateral knee pain, right shoulder pain and right hip pain, and that she recalls marked spasm that has been refractory to physical therapy. Objective findings include tenderness of the right knee and shoulder, with limited range of motion. Shoulder range of motion is not specified in degrees. The treatment plan included a request for a trial of viscosupplementation for right knee, and continued medications, including opioids. Work status remains temporarily totally disabled. According to the UR report of 7/22/13, the primary provider submitted a request for

authorization of 12 PT sessions, an MRI of the R elbow and a psychiatric referral on 7/17/14. This document is not contained in the available records. The PT request was modified to certify 6 of the 12 visits requested. The MRI and psychiatric referrals were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 (total 12 visits) for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDELINES. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Workers Comp (TWC); Shoulder Procedure.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Physical Medicine Page(s): 9 and 98-99, Postsurgical Treatment Guidelines Page(s): 10-12 and 27.

Decision rationale: Per the first guideline cited above, all therapies should be focused on the goal of functional improvement rather than just pain elimination, and assessment of treatment efficacy is accomplished by reporting functional improvement. The second reference states that passive therapy is for the early phase of treatment. Active therapy is recommended over passive care, with transition to home therapy. A maximum of 9-10 visits over 8 weeks is recommended for myalgia or myositis, and a maximum of 8-10 visits over 4 weeks is recommended for neuralgia, neuritis and radiculitis. The post-surgical guidelines state that "Initial course of therapy" means one half of the total number of visits of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed applicable to the specific surgery. The recommended number of physical therapy sessions for shoulder rotator cuff repair/acromioplasty is 24 visits over 12 weeks. The clinical findings in this case do not support the continuation of physical therapy for this patient. She has completed half the total number of physical therapy sessions recommended for her surgery, with minimal response. She continues to have pain and limited range of motion, and remains totally disabled. Additional therapy in these circumstances is not warranted. Based on the MTUS citations above and on the clinical documentation provided for my review, physical therapy 3x4 for the right shoulder is not medically necessary. It is not medically necessary because the patient demonstrated no functional recovery with her first 12 therapy visits, and further therapy is not indicated.

MRI right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): PAGE 33. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES- ELBOW PROCEDURE

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), elbow chapter

Decision rationale: Per the ACOEM Guideline cited above, the criteria for ordering elbow imaging studies include: the imaging study results will substantially change the treatment plan; emergence of a red flag; failure to progress in a rehabilitation program; evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and agreement by the patient to undergo such treatment if the correctible lesion is confirmed. The ODG citation states that epicondylitis is a common clinical condition, and that MRI is usually not necessary. It may be useful for confirmation of the diagnosis in refractory cases and to exclude associated tendon and ligament tear. The clinical documentation in this case does not support the performance of an elbow MRI on this patient. Although the diagnosis of lateral epicondylitis occasionally appears in the primary provider's notes, no elbow exam, treatment for any elbow condition or response to any treatment is ever mentioned. It is unclear how the patient's elbow condition could have been refractory to treatment, since no treatment appears to have been attempted. No other criteria for ordering elbow imaging studies have been met. Based on the guidelines above and on the clinical documentation provided for my review, an MRI of the right elbow is not medically necessary. It is not medically necessary because no elbow exam is documented, because no treatment for the patient's elbow condition has been documented, and because none of the criteria for the performance of an elbow MRI have been met.

Psychological evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79-81.

Decision rationale: According to the ACOEM citation above, the clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations. Close communication is necessary and should emphasize the occupational health clinician's role as the primary case manager. The clinician should always think about differential diagnoses, whether they are of an occupational or non-occupational nature. This does not have to be a long process. By stepping back and reevaluating the patient and the entire clinical picture, symptoms or physical findings may be identified that have developed since the injury and that may not be consistent with the original diagnosis. A detailed history and physical examination should be conducted. The clinical documentation in this case does not support a referral for psychological evaluation for this patient. There is no documentation of any psychological symptoms or findings. The provider has not stepped back and re-evaluated the entire clinical picture, or performed a detailed history and physical exam. It is not clear why this provider thinks this patient has work-related reactive depression, and whether any differential diagnoses have been considered. It is not clear that this patient is interested in obtaining psychological evaluation. It is not clear that a specialist is available who

will support functional recovery, since specialist selection may be limited by need for a Spanish-speaking provider. Based on the MTUS citations above and on the clinical documentation provided for my review, referral for a psychological evaluation is not clinically necessary. It is not clinically necessary because an appropriate evaluation and exam of the patient is not documented which supports a psychological diagnosis in this patient and the need for a referral. In addition, it is not clear that the patient desires such an evaluation, or that an appropriate provider is available to perform it. Therefore, this request is not medically necessary.