MAXIMUS Federal Services

Case Number:	CM14-0204622		
Date Assigned:	12/16/2014	Date of Injury:	08/15/2012
Decision Date:	02/06/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/08/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 47-year-old man who sustained a work-related injury on August 15, 2012. Subsequently, he developed chronic shoulder and knee pain. MRI of the knees dated August 27, 2014 documented grade 2 signal menisci. Shoulder MRI dated August 27, 2014 documented bursitis, tendinosis and AC arthrosis. The patient had completed all therapies and had received cortisone injections x 2 to the right shoulder without improvement. According to a progress report dated August 27, 2014, the patient stated bilateral hip has been popping more frequently with left greater than right and causing discomfort. The pain was intermittent with intensity of 9/10. The patient also complained of pain in his shoulder, right greater than left and moderate pain in his knee. He noticed some clicking and popping in the knees. Examination of the shoulders revealed tender right AC joint with prominent distal clavicle. Tender anterior acromion margins bilaterally. Good range of motion of the shoulders with flexion at 170 degrees, abduction at 165 degrees, external rotation at 75 degrees, and internal rotation at 65 degrees. Positive Speed's test. Positive impingement. Negative drop arm. Negative apprehension. Pain and weakness on resisted external rotation with the arm at the side on the right. Sensori-motor exam was intact. Examination of the knees revealed tender patellar facets. Crepitation on range of motion. Tender joint lines. Pain on McMurray's but no click. Negative Lachman's. Negative drawer. Range of motion 0-140 degrees. The patient was diagnosed with right greater than left shoulder pain and dysfunction, right AC joint arthrosis, bilateral shoulder impingement and bursitis, bilateral knee pain and dysfunction, and bilateral chondromalacia patella. The provider requested authorization for Aquatic Physical Therapy 2-3x week x 6 weeks- Bilateral Shoulder and Knees, Physical Therapy 2 x week x 4-6 weeks-Bilateral Shoulder and Knee, Range of Motion measurement and Functional Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Physical Therapy 2-3x week x 6 weeks- Bilateral Shoulder and Knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Physical Therapy, Knee and & Leg- Physical Medicine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: According to MTUS guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical Medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities maybe required to preserve most of these gains. There no clear evidence that the patient is obese or have difficulty performing land based physical therapy or the need for the reduction of weight bearing to improve the patient ability to perform particular exercise regimen. There is no documentation for a clear benefit expected from Aquatic therapy. Therefore the prescription of aquatic therapy for bilateral shoulders and knees is not medically necessary.

Physical Therapy 2x week x 4-6 weeks-Bilateral Shoulder and Knee: Upheld

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

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

Decision rationale: According to MTUS guidelines, Physical Medicine is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) 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. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise 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. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). 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. Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. There is no documentation of objective findings that the patient condition needed physical therapy. The patient had previously completed physical therapies without documentation of clear benefit and the rationale behind using more physical therapy. Therefore Physical Therapy bilateral shoulders and knees are not medically necessary.

Range of Motion measurement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Range of motion,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171,Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32 and 33.

Decision rationale: Range of Motion measurement is a basic part of musculoskeletal examination and should be routinely performed without the need for a specialist. Therefore, the request is not medically necessary.

Funtional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Examination and consultation, pages 132-193 and on the Non-MTUS Official Disability Guidelines (ODG); Functional Capacity Evaluation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171,Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32 and 33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls

outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. There is no documentation that the patient condition requires functional capacity evaluation. There is no strong scientific evidence that functional capacity evaluation predicts the patient ability to perform his work. In addition, the provider should document that the patient reached his MMI. The requesting physician should provide a documentation supporting the medical necessity for this evaluation. The documentation should include the reasons, the specific goals and end point for Functional Capacity Evaluation. Therefore, the request for Functional Capacity Evaluation is not medically necessary.