

Case Number:	CM15-0168156		
Date Assigned:	09/08/2015	Date of Injury:	03/05/2012
Decision Date:	10/15/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

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 57 year old male, who sustained an industrial injury on 03/05/2012. He has reported subsequent neck, back, shoulder and knee pain and was diagnosed with osteoarthritis of the knee, tendonitis of the right shoulder, osteoarthritis of the hip, prepatellar bursitis, chondromalacia of the patella, medial and lateral meniscal tears of the left knee and internal derangement of the knee. Treatment to date has included oral pain medication, physical therapy, aqua therapy, home exercise program and surgery, which were noted to have failed to significantly relieve the pain. Documentation shows that the injured worker had 16 sessions of physical therapy to the right knee performed from 03-27-2015-06-03-2015 as well as subsequent sessions of physical therapy for the cervical and lumbar spine. Physical therapy notes for the right knee show that the injured worker's knee swelling and range of motion improved with physical therapy. Physical therapy notes for the cervical and lumbar spine do not document significant functional improvement with therapy. In a progress note dated 08-03-2015 the injured worker reported anterior right shoulder pain radiating to the biceps and wrist that had been relieved with CCS injection for 6 weeks and inflammation and lateral right knee pain with excessive activity. The injured worker was noted to be 26 weeks post-op right total knee arthroplasty. The physician noted that the injured worker was requesting further physical therapy, specifically water therapy. Objective examination findings showed "full range of motion of the joints of the upper and lower extremities, except for right hip and right shoulder". Examination also showed active 0-135 degree range of motion of the right knee with trace effusion, good strength and good stability. Examination of the right shoulder showed limited

range of motion with forward flexion of 90 out of 135, external rotation of 30 out of 40 and weakness with elevation. The physician noted that the right knee was improved with good strength and range of motion with persisting slight effusion and that further physical therapy, water therapy would be ordered to improve strength and stamina. The physician noted that right shoulder status was deteriorating. Work status was documented as modified. A request for authorization of physical therapy evaluation x

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluation x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The California chronic pain medical treatment guidelines section on physical medicine states: 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. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) 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. (Fritz, 2007) Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has already completed a course of physical therapy. There is no objective explanation why the patient would need excess physical therapy and

not be transitioned to active self-directed physical medicine. The request is not medically necessary.

Pool therapy 2-3 x 6 weeks for the right knee and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: The California MTUS section on aquatic therapy states: 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 may be required to preserve most of these gains. (Tomas-Carus, 2007) The patient does not have documented extreme obesity necessitating aquatic therapy. The patient also has already completed physical therapy. Therefore the request is not medically necessary.