

Case Number:	CM15-0182987		
Date Assigned:	09/23/2015	Date of Injury:	02/10/2010
Decision Date:	10/28/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/17/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old male, who sustained an industrial injury on 2-10-10. Current diagnoses or physician impression include cervical musculoligamentous strain-sprain with radiculopathy, cervical spine disc protrusion, lumbosacral musculoligamentous strain-sprain with radiculopathy, lumbar spine disc protrusion, bilateral shoulder strain-sprain, bilateral shoulder impingement syndrome, bilateral elbow lateral epicondylitis, bilateral knee strain-sprain, left knee meniscal tear and post left knee surgery with recurrent meniscal tear. His work status is permanent disability. A report dated 8-26-15 reveals the injured worker presented with complaints of neck, back, bilateral shoulder and arm, bilateral elbow and forearm and bilateral knee pain. A physical examination dated 8-26-15 revealed an altered gait. Cervical spine revealed; "tenderness to palpation, spinal processes C5-C7, tenderness and spasm bilateral paraspinal muscles-occipital muscles-sub-occipital muscles-bilateral trapezius muscles, decreased range of motion". Lumbar spine revealed; tenderness to palpation spinal processes L3-L5, bilateral paraspinal muscles, bilateral sacroiliac joints, bilateral sciatic notch, bilateral posterior iliac crests, bilateral gluteal muscles, spasms bilateral paraspinal muscles, decreased range of motion, positive SLR (right 48, left 46), unable to perform heel and toe walking due to bilateral knee and lower back pain". Bilateral shoulders revealed; "tenderness to palpation anteriorly, posteriorly, laterally, bilateral biceps tendon groove, deltoid muscles, rotator cuff muscles, acromion process, decreased range of motion". Bilateral elbows revealed "tender to palpation anteriorly, posteriorly, laterally, medially". There is decreased motor strength noted in the bilateral upper extremities. There is "bilateral knee tenderness to palpation (right greater than left), decreased range of motion and bilateral patella, lateral joint line, medial joint line

are tender to touch. Treatment to date has included medications, physical therapy, left knee cortisone injection and left knee surgery. He has had MRIs. A request for authorization dated 8-16-15 for physical therapy, 3 x a week for 4 weeks, for the cervical, bilateral shoulders, bilateral elbows, lumbar and left knee is denied due to lack of documentation regarding the number of prior physical therapy sessions completed and lack of objective functional improvement. The request for ECSWT (extracorporeal shock wave therapy), 1 x a week for 4 weeks for the right shoulder and right elbow is denied due to lack of prior conservative treatment to the elbow, in which the pain stemmed from lateral epicondylitis and lack of calcifying tendinitis diagnosis of the right shoulder, per Utilization Review letter dated 9-10-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x a week for 4 weeks for the cervical, lumbar, bilateral shoulders, left knee and bilateral elbows: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Elbow Complaints 2007, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: Time-limited care plan with specific defined goals, assessment of functional benefit with modification of ongoing treatment based upon the patient's progress in meeting those goals and the provider's continued monitoring of successful outcome is stressed by MTUS guidelines. Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. Submitted reports have no acute flare-up or specific physical limitations to support for physical/ occupational therapy. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It is unclear how many PT sessions have been completed; however, the submitted reports have not identified clear specific functional improvement in ADLs, functional status, or decrease in medication and medical utilization nor have there been a change in neurological compromise or red-flag findings demonstrated from the formal physical therapy already rendered to support further treatment. Submitted reports have also not adequately demonstrated the indication to support for excessive quantity of PT sessions without extenuating circumstances established beyond the guidelines. The Physical therapy 3x a week for 4 weeks for the cervical, lumbar, bilateral shoulders, left knee and bilateral elbows is not medically necessary and appropriate.

ECSWT (ExtraCorporeal Shock Wave Therapy) 1x per week for 4 weeks for the right shoulder and the right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and

Leg (Acute and Chronic) updated 7/10/15, Physical Medicine treatment, Shoulder (Acute and Chronic); Physical therapy; Extracorporeal shock wave therapy (ESWT), Elbow (Acute & Chronic), updated 6/23/15.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Extracorporeal shockwave therapy (ESWT), pages 915-916.

Decision rationale: While extracorporeal shock wave therapy may be indicated for calcific tendinitis, there are no high-quality randomized clinical studies showing long-term efficacy. ESWT may be a treatment option for calcifying tendinitis in patients with at least three failed conservative treatment trials for over six months; however, it is not recommended for chronic shoulder disorders, rotator cuff tears or osteoarthropathies. ESWT is also contraindicated in pregnant women, younger patients, and those with blood clotting diseases, active infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage, or in patients with cardiac pacemakers or those who had previous surgery. Submitted reports have not demonstrated clear diagnosis, symptom complaints and clinical findings to support for this treatment without evidence of failed conservative trials of therapy, injections, and medications with progressive deterioration in ADLs to support for the treatment as per guidelines criteria. The ECSWT (ExtraCorporeal Shock Wave Therapy) 1x per week for 4 weeks for the right shoulder and the right elbow is not medically necessary and appropriate.