MAXIMUS Federal Services

Case Number:	CM15-0197670		
Date Assigned:	10/13/2015	Date of Injury:	09/18/2008
Decision Date:	12/03/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/07/2015

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, Hawaii
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 61 year old female, who sustained an industrial injury on 9-18-08. The injured worker was diagnosed as having bilateral knee internal derangement, mild degenerative changes in the right knee with subchondral defects, status post right shoulder arthroscopy, lumbar disc herniation at L3-S1, and lumbosacral strain with radicular symptoms. Treatment to date has included right shoulder arthroscopy and subacromial decompression on 6-30-15, lumbar epidural steroid injections, 18 acupuncture sessions for the knees and lumbar spine, physical therapy, and medication including Norco and Relafen. On 8-4-15 physical examination findings included bilaterally decreased shoulder range of motion. On 8-4-15 the treating physician noted "the patient has completed 1 out of 12 post-operative physical therapy sessions." The injured worker was noted to have difficulty caring for herself at home and performing activities of daily living. On 8-4-15, the injured worker complained of pain in the low back with radiation to bilateral legs. Popping, catching, and giving way of both knees was noted. Right shoulder and scapula pain was also noted. The treating physician requested authorization for additional post-operative physical therapy 2x6 for the right shoulder, acupuncture 2x3 for the low back, and a treadmill for the knees and low back. On 9-18-15 the request for post-operative physical therapy was modified to certify 6 sessions. Acupuncture and a treadmill were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post operative physical therapy 2x/wk for 6/wks (12 total) for the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: The patient presents with diagnoses that include bilateral knee internal derangement, mild degenerative changes in the right knee with subchondral defects, status post right shoulder arthroscopy dated 6/30/2015, lumbar disc herniation at L3-S1, and lumbosacral strain with radicular symptoms. The patient recently complained of pain in the low back with radiation to bilateral hips, bilateral knee pain as well as ongoing pain and restricted mobility in the right shoulder. The current request is for 12 additional postoperative physical therapy sessions for the right shoulder. The treating physician states in the most recent treating report dated 8/4/15 (39B), "The patient has completed 1 out of 12 postoperative physical therapy sessions. She was encouraged to complete the remaining sessions. She was also encouraged to perform home exercises in order to further rehabilitate the shoulder." MTUS Postsurgical Guidelines discuss rotator cuff syndrome/impingement syndrome. MTUS arthroscopic postsurgical treatment guidelines recommend 24 visits over 14 weeks during a postsurgical physical medicine treatment period of 6 months. In this case, the clinical history provided does not specify how many PT sessions have been completed. However, the utilization review dated 9/18/15 (6A) noted the patient had completed 10 of the previously approved 12 postoperative PT sessions. The MTUS Guidelines recommend 24 postoperative PT sessions. The current request is medically necessary.

Acupuncture 2x/wk for 3 wks (6 total) for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient presents with diagnoses include bilateral knee internal derangement, mild degenerative changes in the right knee with subchondral defects, status post right shoulder arthroscopy dated 6/30/2015, lumbar disc herniation at L3-S1, and lumbosacral strain with radicular symptoms. The patient recently complained of pain in the low back with radiation to bilateral hips, bilateral knee pain as well as ongoing pain and restricted mobility in the right shoulder. The current request is for 6 acupuncture sessions for the low back. The clinical history provided did not include the treating physicians request for authorization nor the accompanying treating report. Thus, the limited records provided did not indicate if the patient has or has not received any prior acupuncture treatments. However, the utilization review dated 9/18/15 (6A) noted the patient had completed 18 acupuncture sessions for the knees and lumbar spine. Acupuncture Medical Treatment Guidelines (AMTG) does recommend acupuncture for the treatment of low back complaints. AMTG states, "Time to produce functional improvement:

3 to 6 treatments." In this case, although acupuncture may be warranted, the request for 6 sessions cannot be supported without documentation of prior objective and subjective results from previously completed acupuncture. Therefore, the current request is not medically necessary.

Treadmill for the knees and low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, knee & Leg Chapter, Treadmill exerciser.

Decision rationale: The patient presents with diagnoses include bilateral knee internal derangement, mild degenerative changes in the right knee with subchondral defects, status post right shoulder arthroscopy dated 6/30/2015, lumbar disc herniation at L3-S1, and lumbosacral strain with radicular symptoms. The patient recently complained of pain in the low back with radiation to bilateral hips, bilateral knee pain as well as ongoing pain and restricted mobility in the right shoulder. The current request is for a treadmill for the knees and low back. The clinical history provided did not include the treating physicians request for authorization nor the accompanying treating report. Thus, the limited records provided did not indicate or define the treating physician's medical basis for the current request. MTUS is silent regarding the request medical treatment. ODG Guidelines state, "Treadmill exercisers are considered not primarily medical in nature." ODG goes on to discuss treadmills under durable medical goods, where it state: "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home." In this case, the clinical history offered for review fails to define the treating physician's medical basis for the requested treatment. The current request is not medically necessary.