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| Case Number: | CM15-0199160 | | |
| Date Assigned: | 10/14/2015 | Date of Injury: | 09/22/2006 |
| Decision Date: | 11/23/2015 | UR Denial Date: | 09/25/2015 |
| Priority: | Standard | Application Received: | 10/09/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64 year old male, who sustained an industrial injury on 9-22-2006. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder AC joint hypertrophy and osteoarthritis, subacromial subdeltoid bursitis, and soft tissue synovitis per 8-8-2015 MRI, left shoulder severe tendinosis of the supraspinatus tendon, mild spurring of the distal clavicle and degenerative type I-II chronic superior labral anterior and posterior (SLAP) tear without labral detachment per 8-8-2015 MRI, left knee arthroscopy 6-17-2011, status post left knee Synvisc One viscosupplementation on 7-6-2015, and status post left knee Kenalog injection 3-30-2015. On 9-15-2015, the injured worker reported pain and discomfort in the bilateral shoulders, and exacerbation of his left knee pain, discomfort, and instability over the previous few weeks. The Primary Treating Physician's report dated 9-15-2015, noted the physical examination showed the bilateral shoulders with stiffness and pain at the ends of range of motion (ROM) and mildly positive provocative Neer, Hawkins, and impingement signs. The treatment plan was noted to include recommendation for a MRI of the left knee to determine the structural integrity as the injured worker continued to be symptomatic, to rule out any chondral, meniscal, or ligamentous injury and physical therapy for the bilateral shoulders. The request for authorization dated 9-21-2015, requested a MRI left knee with Gadolinium and physical therapy for bilateral shoulders, 2 times a week for 6 weeks. The Utilization Review (UR) dated 9-25-2015, denied the request for a MRI left knee with Gadolinium and modified the request for physical therapy for bilateral shoulders, 2 times a week for 6 weeks to approve six visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Bilateral Shoulders, 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in September 2006 and is being treated for bilateral knee and shoulder pain. He underwent left knee arthroscopic surgery in June 2011 and right knee arthroscopic surgery in 2012. A left knee Synvisc One injection was done in June 2015. When seen, recent shoulder MRI results were reviewed showing findings of right shoulder osteoarthritis with synovitis and bursitis and severe left supraspinatus tendinosis and a labral tear. He was having an exacerbation of left knee pain with pain, discomfort, and instability. There was no left knee examination performed. Authorization was requested for 12 physical therapy treatments and a left knee MRI. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was needed or likely to be effective. The request is not considered medically necessary.

MRI Left Knee with Gadolinium: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in September 2006 and is being treated for bilateral knee and shoulder pain. He underwent left knee arthroscopic surgery in June 2011 and right knee arthroscopic surgery in 2012. A left knee Synvisc One injection was done in June 2015. When seen, recent shoulder MRI results were reviewed showing findings of right shoulder osteoarthritis with synovitis and bursitis and severe left supraspinatus tendinosis and a labral tear. He was having an exacerbation of left knee pain with pain, discomfort, and instability. There was no left knee examination performed. Authorization was requested for 12 physical therapy treatments and a left knee MRI. Guidelines address the role of a repeat MRI scan of the knee after surgery which is recommended if there is a need to assess a knee cartilage repair. In this case, the claimant has undergone arthroscopic knee surgery. When requested, however, there were no complaints or reported physical examination findings that support the presence of a new meniscal injury. The requested repeat MRI of the knee is not medically necessary.