

Case Number:	CM15-0036743		
Date Assigned:	03/05/2015	Date of Injury:	08/09/2001
Decision Date:	04/14/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	02/26/2015

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: Texas, California
 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 52-year-old male, who sustained an industrial injury on August 9, 2001. He has reported back and hip injuries. His diagnoses include hip pain due to failed right hip revision secondary to socket loosening, status post revision in 2012; degeneration of lumbar 3-4, lumbar 4-5, and lumbar 5-sacral 1; mucoid degeneration of anterior cruciate ligament of the left knee, and transient numbness of the right lower extremity. He has been treated with an MRI, disco grams, psychotherapy, epidural steroid injections, and medications. The records refer to prior courses of aquatic therapy and physical therapy, but do not provide specific dates or results. On April 11, 2014, an MRI of the lumbar spine that revealed multilevel degenerative changes and spondylitic changes. An MRI of the right shoulder was done on July 11, 2014. On October 15, 2014, an electro diagnostic studies revealed no findings for a right lower extremity peripheral nerve entrapment or lumbosacral radiculopathy. On February 4, 2015, his treating physician reports complaints of intermittent, burning bilateral knee pain, located laterally and medially. Associated symptoms include crepitus, swelling, giving out of right knee, and bilateral knees lock up, more on the right than left. Heat and stretching until it snaps works to unlock the knees. He has right hip pain in the posterior gluteal area, which is constant, burning with an intermittent aching. His hip pain is stable since the last visit. His feels stronger and pain is improved. His pool therapy is progressing. He has mid lumbar spine pain radiating to upper back, buttocks, lateral thigh, bilateral calves, and bilateral feet intermittently. Associated symptoms include stiffness, paravertebral muscle spasm and intermittent numbness of the right lateral leg to the foot. His muscle relaxant and pain medications help relieve his pain. The physical exam revealed

a right limp affects his gait and he uses a cane. He is wearing knee braces and a lumbar support. Current medications include short-acting and long-acting pain, anti-epilepsy, antidepressant, anti-anxiety, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. The treatment plan includes an adjustment of his current short-acting pain, antidepressant, and anti-anxiety medications. The remainder of his current medications was refilled. On February 12, 2015, his treating physician reports the injured worker complains of right shoulder and bilateral knee pain. He has locking and catching of the left knee. He is status post right shoulder rotator cuff repair in 2013. He had several falls postoperatively, which aggravated his injury. He had been treated with physical therapy and an injection in November 2014, which provided 6 weeks of relief. On September 19, 2014, he underwent a right knee diagnostic arthroscopy with a resection of plica. He is undergoing physical therapy for the right shoulder and knees without relief. The physical exam revealed non-tender to palpation of the sternoclavicular, clavicle, and acromioclavicular; moderately decreased range of motion bilateral shoulders, mildly decreased thumbs down abduction, Negative Speed's and Yergason's tests, and normal strength and sensation. There was no effusion of the knee, stable ligamentous exam, full range of motion, slight pain with McMurray's, and medial joint line tenderness. The treatment plan includes continuing the physical therapy for the right shoulder and right knee. The medication list includes Celebrex, MS contin, Roxicodone, Lyrica, Soma, Topamax, Cymbalta, Amitriptyline and Alprazolam. The patient's surgical history include right knee arthroscopic meniscectomy on 8/14/12, five right hip surgeries, two right knee surgeries and a right shoulder surgery. Per the doctor's note dated 2/9/15 patient had complaints of low back pain and hip pain radiating to right leg at 5-6/10. Physical examination of the low back revealed tenderness on palpation and positive S LR. The patient has used a cane and lumbosacral corset and bilateral knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection of Right L4-5 and L5-S: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program" Per the cited guideline, criteria for ESI are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." Consistent objective evidence of lower extremity radiculopathy was not specified in the records provided. Lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was

not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Any conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. He had received ESI. Per the cited guidelines, "repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks." There was no evidence of objective documented pain and functional improvement, including at least 50% pain relief for six to eight weeks after the previous cervical ESIs. Any evidence of associated reduction of medication use, was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. With this, it is deemed that the medical necessity of request for Epidural Steroid Injection of Right L4-5 and L5-S is not fully established for this patient.

Physical Therapy 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Physical Therapy 8 sessions is not fully established for this patient.

Aquatic therapy 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Per 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." Any contraindication to land-based physical therapy or a medical need for reduced weight bearing status was not specified in the records provided. There was no evidence of extreme obesity in the patient. There was no evidence of a failure of land-based physical therapy that is specified in the records provided. Patient has received an unspecified number of pool therapy visits for this injury. A detailed response to previous pool therapy visits was not specified in the records provided. Previous pool therapy visits notes were not specified in the records provided. The records submitted contain no accompanying current of pool therapy visits evaluation for this patient. As per cited guidelines patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Aquatic therapy 8 sessions is not fully established in this patient.