

<b>Case Number:</b>	CM15-0057148		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	10/30/1995
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: New York

Certification(s)/Specialty: Emergency Medicine

### 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 68-year-old female who has reported shoulder and knee pain after an injury on October 30, 1995. The mechanism of injury was not stated in the available records. The diagnoses have included "end-stage rotator cuff arthropathy" of the right shoulder and "end-stage degenerative arthritis" of the right knee. Treatment has included medications and physical therapy. Per the report of January 30, 2015, the injured worker was "significantly disabled" due to her shoulder and knees. No further details of the disability were given. Shoulder range of motion was limited with pain. There was a moderate valgus deformity, a painful range of motion, crepitation, and an effusion in the knee. The treating physician stated that the injured worker had reached maximal medical improvement. The treatment plan included twelve additional physical therapy sessions, a trial of Orthovisc for the right knee, and a walker. There was no discussion of the specific indications for a home health aide. On 3/18/15, Utilization Review non-certified the requests now referred for an Independent Medical Review, noting the lack of specific indications per the MTUS and the Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 3x4 for the knees and shoulder: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, Functional Improvement, Physical Medicine Page(s): 9, 98-99.

**Decision rationale:** The treating physician has not provided an adequate prescription, which must contain diagnosis, duration, frequency, and treatment modalities, at minimum. The content of the prescribed physical therapy was not listed. Per the MTUS, Chronic Pain section, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of Physical Medicine visits is 10, with progression to home exercise. The treating physician has not stated a purpose for the current physical therapy prescription. It is not clear what is intended to be accomplished with this physical therapy, given that it will not cure the pain and there are no other goals of therapy. The current physical therapy prescription (12 visits) exceeds the quantity recommended in the MTUS (10 visits). The treating physician has stated that this is "additional", but did not address the content and results of any prior physical therapy. It is not clear why additional physical therapy is necessary, as the conditions are chronic and no functional deficits were described. Given the completely non-specific prescription for physical therapy in this case, it is presumed that the therapy will use or even rely on passive modalities. Note that the MTUS recommends against therapeutic ultrasound and passive modalities for treating chronic pain. Physical Medicine for chronic pain should be focused on progressive exercise and self-care, with identification of functional deficits and goals, and minimal or no use of passive modalities. A non-specific prescription for "physical therapy" in cases of chronic pain is not sufficient. Additional Physical Medicine is not medically necessary based on the MTUS, lack of sufficient emphasis on functional improvement, and a quantity of visits exceeding what is recommended in the MTUS.

**Trial of Orthovisc for the right knee:** 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) Knee chapter, hyaluronic acid injections.

**Decision rationale:** The MTUS does not address viscosupplementation for the knee. The Official Disability Guidelines have specific recommendations and were used instead. The recommendations include significantly symptomatic osteoarthritis, failure of conservative care for at least 3 months, functional deficits, failed steroid injections, and lack of current candidacy for total knee arthroplasty. The treating physician has not provided sufficient information about this injured worker to show that these kinds of recommendations are met. Therefore, the viscosupplementation is not medically necessary.

**Walker:** Overturned

**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) Walking aids (canes, crutches, braces, orthoses, & walkers).

**Decision rationale:** The MTUS does not address the medical necessity for walkers. The Official Disability Guidelines recommend "walking aids". A walker is recommended for pain from bilateral osteoarthritis. This injured worker appears to have bilateral knee osteoarthritis. The treating physician, per the available information, has not provided information regarding ambulation deficits beyond the presence of pain, unspecified significant disability, and degenerative joint disease. However, the guidelines do not require any specific level of symptoms or functional deficits to qualify for a walker. The documentation, although minimal, provides enough information to make a walker medically necessary. The Utilization Review is overturned, as the Utilization Review did not adequately consider the recommendations in the Official Disability Guidelines, the same guideline that was used for both this Independent Medical Review and the Utilization Review.

**Home health aide 5 days a week for 2-4 hours a day:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**Decision rationale:** Home care of a custodial nature may be medically necessary when a patient has an injury or illness, which renders them unable to provide basic self-care. This injury or illness must be verifiable in an objective manner, and must be reasonably expected to cause a profound degree of impairment. A patient report of impairment is not a sufficient basis on which to provide home care. There must also be good medical evidence to support the need for home care. The MTUS notes that home health services are recommended for patients who require medical treatment at home and who are homebound, generally no more than 35 hours a week. Unlicensed assistance is not considered home health care. The care prescribed in this case does not appear to be specific medical treatment. The treating physician has not provided information showing that the injured worker is homebound. The treating physician has not provided information regarding specific functional deficits that require assistance with any activities of daily living, whether that be formal medical care or not. Patients with arthritis are generally able to provide for themselves with respect to ADL's. Return to function and maintenance of function are aided by patient activity, not inactivity. There is insufficient information now demonstrating medical necessity for home custodial care or specific home medical care. Therefore, the request is not medically necessary.