

Case Number:	CM15-0058169		
Date Assigned:	04/02/2015	Date of Injury:	01/04/2010
Decision Date:	05/05/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 60 year old male patient who sustained an industrial injury on 01/04/2010. The most recent medical record provided for review was a primary treating office visit dated 02/26/2015 which reported chief complaint of left ankle, left knee and right shoulder pain. Current medications are: Celebrex, Flomax, Hydrocodone, Percocet, Potassium, Prevacid, Soma, Trazadone and Zoloft. He has a past history of depression, and muscle, joint, bone problems. Prior surgical intervention to include: ankle/foot surgery, knee surgery and shoulder surgery. The problem list consisted of: chronic depression, osteoarthritis of knee, shoulder pain, right, knee pain, left, ankle pain, left, shoulder tendonitis, chronic pain syndrome, myofascial pain and osteomyelitis. The plan of care involved requiring surgical intervention of left knee, orthopedic referral, post-operative physical therapy, acupuncture, psychological counseling, and laboratory work up. The following diagnoses are applied: chronic pain syndrome; osteoarthritis of knee; osteomyelitis, shoulder tendinitis, chronic depression, deficiency of testosterone biosynthesis; myofascial pain and urinary tract obstruction. He will return for follow up on or around 03/19/2015. A consultation for gastroenterology visit dated 04/19/2010 reported the patient having had an upper GI scope and diagnosed with squamous mucosa without significant inflammation and junctional mucosa with chronic carditis.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Physical Therapy for the Right Shoulder and Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Section, Knee Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 sessions physical therapy to the right shoulder and left knee are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are chronic pain syndrome; osteoarthritis knee; osteomyelitis; shoulder tendinitis; chronic depression; deficiency testosterone; myofascial pain; and urinary tract obstruction. The progress note dated February 26, 2015 indicates the injured worker requires a totally arthroplasty, however, there is no physical examinations documented. The treating physician is recommending physical therapy pre-surgery and post-surgery. It is unclear whether the injured worker has received any physical therapy to date. The guidelines recommend a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). The provider requested 12 sessions of physical therapy to the right shoulder and left knee. This is in excess of the recommended guidelines for a six visit clinical trial. Consequently, absent compelling clinical documentation in excess of the recommended six visit clinical trial, 12 sessions physical therapy to the right shoulder and left knee are not medically necessary.