

Case Number:	CM15-0083264		
Date Assigned:	05/05/2015	Date of Injury:	08/18/2007
Decision Date:	06/03/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/01/2015

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

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 57 year old male, who sustained an industrial injury on 08/18/2007. He reported involvement of a rollover motor vehicle accident where he sustained multiple injuries to the neck, back, leg, knee, and bilateral hands. The injured worker was diagnosed as having bilateral patella chondromalacia, bilateral knee arthritis, bilateral knee pain, lumbago, and cervicalgia. Treatment to date has included use of a cane, medication regimen, status post chondroplasty, status post right knee partial meniscectomy, electromyogram, physical therapy of an unknown quantity, and laboratory studies. In a progress note dated 04/02/2015 the treating physician reports complaints of increased bilateral knee pain with stiffness, low back pain with stiffness, and neck pain that radiates to the trapezius muscle and the middle back with stiffness. The treating physician also notes that the pain to the lumbar and cervical region radiates to the buttocks, right leg, and stops at the right knee. The injured worker also has weakness to the back of the right leg. The treating physician requested physical therapy to the lumbar spine and the bilateral knees twice a week times two weeks to reduce the pain, improve range of motion, and increase function. The treating physician also requested the medication Clobetasol Propionate 0.05% topical with a one month supply, but the documentation provided did not indicate the specific reason for this requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 2 bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy 2 x 2 bilateral knees is not medically necessary and appropriate.

Physical Therapy 2 x 2 lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: MTUS Guidelines supports physiotherapy for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. From records review, it is unclear how many sessions have been completed. Per medicals reviewed, the patient has received a significant quantity of physiotherapy sessions for the chronic symptom complaints without demonstrated functional improvement from treatment already rendered including milestones of increased ROM, strength, and functional capacity. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physiotherapy with fading of treatment to an independent self-directed home program. It

appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physiotherapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy 2 x 2 lumbar spine is not medically necessary and appropriate.

Clobetasol Prorionate 0.05% 1 month supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference Website, Clobetasol Propionate.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topicals, page(s) 111-113.

Decision rationale: Temorate (Clobetasol Propionate) is a super high-potency corticosteroid prescribed in the treatment of inflammatory pruritic dermatoses. Submitted reports have not provided indication or demonstrated medical necessity for the topical cream. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical steroid over oral formulation or other symptom reliever for a patient without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication, clinical findings, or medical need for this topical cream for this chronic injury without documented functional improvement from treatment already rendered. The Clobetasol Prorionate 0.05% 1 month supply is not medically necessary and appropriate.