

Case Number:	CM14-0140016		
Date Assigned:	09/08/2014	Date of Injury:	10/02/2010
Decision Date:	10/24/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 62 year-old female cashier sustained an injury on 10/2/10 while employed by [REDACTED]. Request(s) under consideration include Physical therapy 2 x 4 sessions for the lower extremities and Injections for the bilateral shoulders. Diagnoses include s/p ORIF of right distal femur fracture; bilateral shoulder impingement syndrome; lumbar spine sprain/strain with prior scoliosis surgery; and bilateral lymphedema with open sores. There is history of spinal fusion as adolescent in 1970. Report of 7/16/14 from another provider noted patient with history of trip and fall with subsequent surgery to right femur. Exam showed overly obese patient; musculoskeletal exam without tenderness; normal ROM with 4+ edema in lower extremities with cellulitis. Diagnoses were hypertension; morbid obesity; OSA; and cellulitis. Permanent and Stationary report of 7/21/14 from the provider noted patient with constant bilateral shoulder pain radiating down to the arms and biceps rated at 3-4/10; constant low back pain radiating to right upper leg and up the back rated at 3/10. The patient presented in a walker and has used one since her injury. Exam showed cervical spine with diffuse decreased ROM, negative axial compression test; shoulder with diffuse decreased range with flex/ext/ abd/ add/ IR/ ER 150/ 130/ 140/ 20/ 50/ 90 degrees; positive impingement sign bilaterally with normal muscle strength and sensory exam; lumbar spine with diffuse decreased range in all planes; antalgic gait; DTRs 2+; negative SLR bilaterally; normal sensation; knees with tenderness at incision site with weeping wound; range right left flex of 80-120 and extension of 0/0 degrees; negative orthopedic testing of McMurray's, Laxity, drawer sing; Lachman's; normal sensation. It was noted under discussion the patient was deemed P&S by another provider in June 2013. Since her move, she needs a new doctor which the provider has agreed provide her care. The patient remained P&S. The request(s) for Physical therapy 2 x 4 sessions for the lower extremities was modified for 2 sessions and

Injections for the bilateral shoulders was non-certified on 8/8/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 sessions for the lower extremities.: 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, Page(s): 98-99.

Decision rationale: This 62 year-old female cashier sustained an injury on 10/2/10 while employed by [REDACTED]. Request(s) under consideration include Physical therapy 2 x 4 sessions for the lower extremities and Injections for the bilateral shoulders. Diagnoses include s/p ORIF of right distal femur fracture; bilateral shoulder impingement syndrome; lumbar spine sprain/strain with prior scoliosis surgery; and bilateral lymphedema open sores. There is history of spinal fusion as adolescent in 1970. Report of 7/16/14 from another provider noted exam showing overly obese patient; musculoskeletal exam without tenderness; normal ROM with 4+ edema in lower extremities with cellulitis. Diagnoses were hypertension; morbid obesity; OSA; and cellulitis. Permanent and Stationary report of 7/21/14 from the provider noted patient with constant bilateral shoulder pain radiating down to the arms and biceps rated at 3-4/10; constant low back pain radiating to right upper leg and up the back rated at 3/10. The patient presented in a walker and has used one since her injury and is wheelchair confined. Exam showed cervical spine, lumbar spine, shoulders, and knees with diffuse decreased ROM, negative provocative testing of compression and orthopedic knee maneuvers with normal motor strength, sensation, and DTRs. It was noted under discussion the patient was deemed P&S by another provider in June 2013. Since her move, she needs a new doctor which the provider has agreed provide her care. The patient remained P&S. The request(s) for Physical therapy 2 x 4 sessions for the lower extremities was modified for 2 sessions and Injections for the bilateral shoulders was non-certified on 8/8/14. 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 work 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 2010 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 4 sessions for the lower extremities is not medically necessary and appropriate.

Injections for the bilateral shoulders.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204,207,213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG, Steroid Injections, pages 936-938

Decision rationale: This 62 year-old female cashier sustained an injury on 10/2/10 while employed by [REDACTED]. Request(s) under consideration include Physical therapy 2 x 4 sessions for the lower extremities and Injections for the bilateral shoulders. Diagnoses include s/p ORIF of right distal femur fracture; bilateral shoulder impingement syndrome; lumbar spine sprain/strain with prior scoliosis surgery; and bilateral lymphedema open sores. There is history of spinal fusion as adolescent in 1970. Report of 7/16/14 from another provider noted exam showing overly obese patient; musculoskeletal exam without tenderness; normal ROM with 4+ edema in lower extremities with cellulitis. Diagnoses were hypertension; morbid obesity; OSA; and cellulitis. Permanent and Stationary report of 7/21/14 from the provider noted patient with constant bilateral shoulder pain radiating down to the arms and biceps rated at 3-4/10; constant low back pain radiating to right upper leg and up the back rated at 3/10. The patient presented in a walker and has used one since her injury and is wheelchair confined. Exam showed cervical spine, lumbar spine, shoulders, and knees with diffuse decreased ROM, negative provocative testing of compression and orthopedic knee maneuvers with normal motor strength, sensation, and DTRs. It was noted under discussion the patient was deemed P&S by another provider in June 2013. Since her move, she needs a new doctor which the provider has agreed provide her care. The patient remained P&S. The request(s) for Physical therapy 2 x 4 sessions for the lower extremities was modified for 2 sessions and Injections for the bilateral shoulders was non-certified on 8/8/14. Guidelines states if pain with elevation is significantly limiting activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and NSAIDs) for two to three weeks, but the evidence is not yet overwhelming, and the total number of injections should be limited to no more than three. Although injections into the subacromial space and acromioclavicular joint can be performed in the clinician's office, injections into the glenohumeral joint should only be performed under fluoroscopic guidance. A recent meta-analysis concluded that subacromial corticosteroid injection for rotator cuff disease and intra-articular injection for adhesive capsulitis may be beneficial although their effect may be small and not well maintained. Additionally, for post-traumatic impingement of the shoulder, subacromial injection of methylprednisolone had no beneficial impact on reducing the pain or the duration of immobility. Submitted reports have not specified acute limitations with activities without neurological deficits or progression, or functional improvement from previous conservative care to support for this unspecified shoulder injection. The injections for the bilateral shoulders are not medically necessary and appropriate.

