

Case Number:	CM14-0163108		
Date Assigned:	10/08/2014	Date of Injury:	05/09/2012
Decision Date:	11/04/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/03/2014

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:

The patient is a 66 year old female with an injury date of 05/09/12. The 08/28/14 report by [REDACTED] states that the patient presents with moderate to severe, intermittent bilateral knee pain radiating to the bilateral thighs. Pain is described as burning, aching and dull. Examination reveals mild effusion left and right with maximum tenderness right lateral patellar facet, MCL, left medial patellar facet and lateral patellar facet. Patella examination shows crepitation right mild and left moderate. A right shoulder injury is noted in June of 2010 which is prior to the above injury date. No right shoulder exam is included in the reports. The patient's diagnoses include: Bilateral knee pain Bicipital tendinitis right shoulder. The utilization review being challenged is dated 09/19/14. The rationale regarding the recumbent bike is that there is no documentation why a standard Home Exercise Program is inadequate and physical therapy has been approved to assist a home program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder physical therapy QTY: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM) Occupational Medicine Practice Guidelines, 2nd Edition, 2004. Shoulder Complaints Initial Care. ODG (Official Disability Guidelines): Work Loss Data Institute: Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE Page(s): 98-99, 8.

Decision rationale: The patient presents with moderate to severe bilateral knee pain radiating to the bilateral thighs. The treater requests for: Right shoulder physical therapy Qty. 12. The reports provided do not indicate right shoulder surgery. MTUS Physical Treatment, pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. The reports provided show that the treater requests physical therapy 2x6 weeks on 08/28/14. The treater does not discuss the reason for this request. The reports provided do not include an examination or diagnosis for the right shoulder. The only discussion is a note stating the patient injured the right shoulder in June of 2010. The 09/19/14 utilization review recommended approval of 1x3 additional visits for instruction and oversight of a Home Treatment Program. MTUS page 8 states the physician must monitor the patient's progress and make appropriate recommendations. In this case there is not sufficient information to support this request. Furthermore, the 12 sessions requested exceed what is allowed per MTUS. Recommendation is for denial.

Bilateral knees physical therapy QTY: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Work Loss Data Institute: Physical medicine treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: The patient presents with moderate to severe bilateral knee pain radiating to the bilateral thighs. The treater requests for: Bilateral knees physical therapy Qty. 12. There is no indication in the report provided of prior knee surgery. MTUS Physical Treatment, pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. The treater states treatment is recommended for hip/quad strengthening and stretching. The reports provided show some conflicting information. On 08/28/14 the treater states there have been no injections or Physical Therapy of the right knee. This report also states regarding the bilateral knees that there was no improvement with physical therapy in the knees and that the knees were worse following physical therapy. Reports provided show that the patient received 6 visits from 05/01/14 to 05/22/14 for diagnoses of internal derangement of knee and sprain and strain knee and leg. Additional therapy may be of benefit; however, the 12 sessions requested exceed what is allowed per MTUS non post operative guidelines. Recommendation is for denial.

Water therapy QTY: 12.00: Upheld

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

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

Decision rationale: The patient presents with moderate to severe bilateral knee pain radiating to the bilateral thighs. The treater requests for: Water Therapy Qty. 12. MTUS page 22 regarding this therapy states that, "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" Reports provided show that the patient received 6 therapy visits from 05/01/14 to 05/22/14 and the treater notes that pain worsened in the knee following a course of physical therapy. In this case, there is no discussion of obesity for this patient or documentation to explain why land based therapy is not adequate to the patient's needs. Furthermore, the 12 visits requested exceed what is allowed per MTUS. Recommendation is for denial.

Recumbent bike QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter Durable Medical Equipment.

Decision rationale: The patient presents with moderate to severe bilateral knee pain radiating to the bilateral thighs. The treater requests for: Recumbent bike Qty. 1, MTUS pages 46-47 state that exercise is recommended and that, "There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." ODG Knee & Leg Chapter, Durable Medical Equipment Topic, further states that equipment must be primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness. The treater does not discuss this request in the reports provided. In this case, one type of exercise is not superior to another and a bicycle is not medical equipment. Recommendation is for denial.