MAXIMUS Federal Services

Case Number:	CM14-0215901		
Date Assigned:	01/06/2015	Date of Injury:	03/06/2011
Decision Date:	02/28/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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 patient is a 60 year old male with an injury date on 3/6/11. The patient complains of ongoing pain in the bilateral shoulders and the right knee per 11/26/14 report. The pain in the bilateral shoulders is constant, rated 7/10 in the left shoulder and 8/10 in the right shoulder per 11/26/14 report. There is also left-sided neck pain rated 7/10, radiating with cramping/numbness into the right shoulder/elbow with numbness in the right hand that makes him unable to grasp items or make a fist per 11/17/14 report. The patient feels like something is “broken” in the left shoulder per 11/26/14 report. The right knee pain is described by the patient as “pain and tightness” that often pops/buckles, nearing causing him to fall per 11/26/14 report. The patient also has numbness in the knee, with pain rated 7/10 per 11/26/14 report. Based on the 11/26/14 progress report provided by the treating physician, the diagnoses are:1. left shoulder partial RTC tear2. left shoulder AC arthrosis3. bilateral shoulder impingement4. bilateral shoulder glenohumeral DJD5. right knee DJD-mild6. s/p right shoulder ASAD/DCR x 2A physical exam on 11/26/14 showed Right shoulder range of motion is limited with pain. Left shoulder range of motion is limited with pain. Right knee range of motion is limited with pain." The patient’s treatment history includes medications, MRI bilateral shoulders, X-ray bilateral shoulders, X-ray right knee, knee bracing, acupuncture (18 sessions, not helpful), steroid injections for left shoulder. The treating physician is requesting MRI right knee, wrapped round hinged knee brace, physical therapy 2 x 4 for bilateral shoulder s and right knee, and follow-up in 4 weeks. The utilization review determination being challenged is dated 12/8/14 and denies the request for physical therapy as patient has no exceptional indications to extend physical therapy, and denies

request for follow up visit as [redacted] opined that the patient had a shoulder strain and any treatment after 10/3/12 should be considered self-procured." The requesting physician provided treatment reports from 7/26/13 to 11/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg, MRI (magnetic resonance imaging)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & leg chapter, MRI

Decision rationale: This patient presents with right knee pain, and bilateral shoulder pain. The treating physician has asked for MRI Right Knee on 11/26/14 to evaluate his symptoms which have not been fully worked up. An X-ray of the right knee dated 5/8/14 shows right knee chondromalacia patella-moderate, and right knee medial compartment narrowing-mild. The original X-ray was not included in the provided reports. Review of the reports do not show any evidence of lower extremity MRIs being done in the past. For MRI of the knee/leg, ODG states that soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. ODG states: MRI was considered unnecessary if: X-rays alone could establish the diagnosis, patellofemoral pain with a normal ligamentous and meniscal exam, the knee pain resolved before seeing an orthopedic surgeon, or the MRI findings had no effect on treatment outcome. MRI studies were deemed necessary if they were indicated by history and/or physical examination to assess for meniscal, ligamentous, or osteochondral injury or osteonecrosis, or if the patient had an unexpected finding that affected treatment." In this case, the patient had a knee X-ray that showed chondromalacia and medial compartment narrowing. The treating physician is requesting an MRI of the knee for further evaluation given the patient's persistent symptoms. The patient has not had an MRI in the past based on the reports available. ODG supports an MRI for suspected internal derangement. The request IS medically necessary.

Wrapped around Hinged Knee Brace- XL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee- brace

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Knee & leg chapter, Bracing

Decision rationale: This patient presents with right knee pain, and bilateral shoulder pain. The treating physician has asked for Wrapped Round Hinged Knee Brace on 11/26/14. In the 10/29/14 report, the treating physician requested a hinged knee brace to provide stability and decreased pain during ambulation. This is also an attempt to decrease his fall risk. The patient is

currently wearing a right knee brace and it reduces his pain per 11/26/14 report. The patient requested a knee brace on 10/29/14, and began wearing it on 11/11/14 report. ACOEM recommends knee brace for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patients confidence) than medical. ACOEM states: "Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." ODG guidelines allow knee bracing for knee instability, ligament insufficiency, reconstructed ligament, articular defect repair, meniscal cartilage repair, painful knee arthroplasty, etc. In this case, the patient has ongoing right knee pain and has been wearing a knee brace since 11/11/14 report. The treating physician has requested another hinged knee brace for additional stability and to decrease fall risk. However, the patient already appears to be wearing a knee brace which he states is effective for reducing pain. The treating physician does not explain the advantage of the hinged knee brace over a normal knee brace. The request IS NOT medically necessary.

Physical Therapy 2 times a week for 4 weeks for bilateral shoulders and right knee: Overturned

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 medicine Page(s): 98-99.

Decision rationale: This patient presents with right knee pain, and bilateral shoulder pain. The treating physician has asked for Physical Therapy 2 x 4 for Bilateral Shoulders and Right Knee on 11/26/14. The treating physician requested 8 sessions of physical therapy for bilateral shoulders/right knee back on 10/29/14 report, as the patient has failed conservative treatment including 24 sessions of chiropractic treatment which was not effective. Review of the reports do not show any evidence of recent physical therapy. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, there is no record of recent therapy and a short course of treatment may be reasonable for a flare-up, declined function or new injury. The patient has failed acupuncture and chiropractic treatment. The requested 8 sessions of physical therapy are reasonable for patient's ongoing shoulder/knee pain. The request IS medically necessary.

Follow-up in 4 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent medical examination and consultations. Chapter:7,2nd Edition (2004)

Decision rationale: This patient presents with right knee pain, and bilateral shoulder pain. The treating physician has asked for Follow-Up in 4 Weeks on 11/26/14. Regarding follow-up visits, ACOEM states the frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. ACOEM states: These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a midlevel practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified- or full-duty work if the patient has returned to work. Follow-up by a physician can occur when a change in duty status is anticipated (modified, increased, or full duty) or at least once a week if the patient is missing work. In this case, the patient has had 16 office visits from 7/26/13 to 11/26/14, and has ongoing pain in the right knee and bilateral shoulders. The requested follow up in 4 weeks appears reasonable for patient's chronic pain condition. The request IS medically necessary.