

Case Number:	CM15-0117930		
Date Assigned:	06/26/2015	Date of Injury:	04/07/2014
Decision Date:	07/27/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/18/2015

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 37 year old female, who sustained an industrial injury on 4/7/14. She reported initial complaints of left knee trauma. The injured worker was diagnosed as having left tibial plateau fracture; status post ORIF left lateral tibial plateau fracture; posttraumatic osteoarthritis left knee; bilateral shoulder strain. Treatment to date has included status post open reduction internal fixation left tibia/left knee surgery (4/10/14); physical therapy; medications. Diagnostics included x-rays left knee (4/30/15). Currently, the PR-2 notes dated 4/30/15 indicated the injured worker came to this office to establish the physician as her primary treating physician. She presents for an orthopedic evaluation for her shoulders, upper extremities, left knee and lower extremities. She reports she is experiencing constant pain in both shoulders. The pain increases with rotation, torquing motion, reaching overhead, lifting, carrying, pushing, pulling, abduction, or external rotation. She notes instability of both shoulders, as well as clicking, popping, and grinding sensations. There is complaint of swelling, numbness, tingling, and burning sensations and rates her pain as 7/10. She complains of left knee having constant pain that is into the left leg/tibia region. The pain is increased with walking, standing, flexing and extending the knee and with ascending and descending stairs. She reports giving way of the knee and swelling, popping and clicking. She rates her pain as 9/10. She is a status post open reduction internal fixation left tibia/left knee surgery (4/10/14). During this hospitalization she suffered two episodes of "code blue" and remained hospitalized until 4/21/14. Shortly after her discharge she developed a deep vein thrombosis in the left leg and was treated for 6-7 weeks with blood thinners. She received physical therapy utilizing a wheelchair, then a walker and then

crutches. It was at that time she received physical therapy for her upper extremities. She then noticed ongoing left knee pain due to over compensating for the right. Medications she is currently taking are listed as: Tramadol, ibuprofen and Tylenol. On physical examination the provider documents she walks slowly with a limp favoring the left lower extremity. She has difficulty moving during this exam and generally requires crutches and wheelchair as assistive devices. Palpation of the trapezius muscle and subacromial spine revealed tenderness and hypertonicity bilaterally. Neer's and Hawkin's impingement tests were positive bilaterally. Muscle strength was 5/5/ with flexion, extension, abduction, adduction, and internal and external rotation on the right and 4/5/ with flexion, abduction and external rotation on the left. Sensation was normal in the median, ulnar and radial nerve distribution bilaterally. Inspection of the left knee revealed no evidence of edema, bruise, atrophy, discoloration, rash, abrasion or laceration. There was a 20cm irregular scar laterally. Palpation of the medial and lateral joint lines revealed tenderness. McMurray's and patellofemoral grind tests were positive. X-rays were done on this date for the left knee and the impression was a lateral plateau fracture healed with some mild lateral joint collapse. Hardware was intact and the alignment was good. The provider notes in his treatment plan that on a compensatory basis, she has developed bilateral shoulder pain secondary to the use of her crutches. He is requesting authorization of MRI of the bilateral shoulders and aqua therapy 2 times a week for 6 weeks for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the bilateral shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

Decision rationale: Guidelines state routine MRI or arthrography is not recommended without surgical indication such as clinical findings of rotator cuff tear. It may be supported for patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning; however, this has not been demonstrated without neurological deficits. Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the bilateral shoulder is not medically necessary and appropriate.

Aqua therapy 2 times a week for 6 weeks to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

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

Decision rationale: Aquatic Therapy does not seem appropriate as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery (last in April 2014) nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per Guidelines, 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. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The Aqua therapy 2 times a week for 6 weeks to the left knee is not medically necessary and appropriate.