

Case Number:	CM15-0126396		
Date Assigned:	07/10/2015	Date of Injury:	07/13/2013
Decision Date:	08/07/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/30/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 63 year old male, who sustained an industrial injury on July 13, 2013. He initially reported immediate pain in his left knee. The injured worker was diagnosed as having left medial femoral condyle chondromalacia and cervicothoracic strain/arthrosis. Treatment to date has included diagnostic studies, cortisone injection, knee brace, surgery, physical therapy, medications, cane, H-wave device, ice and TENS unit. On June 3, 2015, the injured worker complained of significant ongoing pain in his left knee. He was status post left shoulder hardware removal and estimated that he was about 40 percent better in his left shoulder as a result. The treatment plan included a follow-up visit, medications, home exercises, postural brace, physical therapy for the shoulder and consideration for a total joint specialist for his left knee. On June 17, 2015, Utilization Review non-certified the request for physical therapy two times a week for 6 weeks for the left shoulder/clavicle, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 6 weeks to left shoulder/clavicle: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: This claimant was injured in 2013 with left knee pain. He had left medial femoral condyle chondromalacia and cervicothoracic strain/arthrosis. Treatment to date has included diagnostic studies, cortisone injection, knee brace, surgery, physical therapy, medications, cane, H-wave device, ice and TENS unit. Functional objective outcomes of past therapy, and the outcomes of the home exercise program, are not addressed. As of June 2015, there was ongoing pain in his left knee. He was status post left shoulder hardware removal and estimated that he was about 40 percent better in his left shoulder as a result. The treatment plan included a follow-up visit, medications, home exercises, postural brace, physical therapy for the shoulder, and consideration for a total joint specialist for his left knee. As shared in other reviews, the MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: "Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient." Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for more skilled, monitored therapy was appropriately non-certified. Therefore the request is not medically necessary.