

Case Number:	CM15-0068222		
Date Assigned:	04/15/2015	Date of Injury:	11/20/2013
Decision Date:	05/26/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/10/2015

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: Pennsylvania, Ohio, 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 60 year old female with an industrial injury dated 11/20/2013. Her diagnosis includes cervical thoracic strain/arthrosis with possible neural encroachment secondary cephalgia, status post bilateral shoulder arthroscopic with rotator cuff repairs, bilateral elbow lateral epicondylitis, lumbosacral strain/arthrosis and left hip trochanteric bursitis. Prior treatments include cortisone injection to right knee and medications. She presents on 03/03/2015 with complaints of right shoulder and right knee. She was also complaining of lumbar spine pain with bilateral radicular symptoms in the lower extremities. Physical exam noted tenderness to palpation of the lumbar spine. She walked with antalgic gait secondary to low back and right pain. There was tenderness in the right knee with full range of motion. Treatment plan included medications, home exercises, MRI arthrogram of right shoulder, physical therapy to bilateral knees and follow up. Lumbar surgery had been requested and the injured worker was waiting for authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, two (2) per week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines.

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

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.

Retrospective: Injection Lidocaine 7cc/Kenalog 1cc: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg chapter - Corticosteroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

Decision rationale: ACOEM states that invasive techniques such as steroid injections are not routinely indicated. The records in this case do not clearly document the diagnosis or goals or rationale for the proposed injection. Thus neither the records nor treatment guidelines support the requested injection; this request is not medically necessary.