

Case Number:	CM15-0076483		
Date Assigned:	04/28/2015	Date of Injury:	04/26/2009
Decision Date:	05/26/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old male, who sustained an industrial injury on 4/26/09. The injured worker was diagnosed as having right knee posterior horn medial meniscal tear and tri-compartmental osteoarthritis with patellofemoral scarring, left knee radial tear of medical meniscus, patella femoral chondromalacia, right shoulder rotator cuff tendinitis, left shoulder cuff tendinitis and impingement syndrome and chronic right lateral epicondylitis. Treatment to date has included oral medications, right knee arthroscopy, physical therapy, chiropractic treatment, cortisone injections and home exercise program. Currently, the injured worker complains of ongoing bilateral knee pain, left shoulder pain and right elbow pain. Physical exam noted some swelling of right knee and ambulation with a cane. The treatment plan included 3 sessions of physical therapy, surgical consult, consult for elbow pain and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 12 sessions for the knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2009. He continues to be treated for left shoulder, right elbow, and bilateral knee pain. Prior treatments have included therapy with a home exercise program that the claimant is following. When seen, he had right knee swelling and was using a cane. The assessment references obtaining a second surgical opinion regarding left knee surgery. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant has already had physical therapy and the number of additional visits requested is in excess of that recommended. Additionally, the claimant has already had physical therapy. Patients are expected to continue active therapies at home. Ongoing compliance with a home exercise program would be expected. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The request is not medically necessary.

Consultation and treatment with general surgeon: 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-TWC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2009. He continues to be treated for left shoulder, right elbow, and bilateral knee pain. Prior treatments have included therapy with a home exercise program that the claimant is following. When seen, he had right knee swelling and was using a cane. The assessment references obtaining a second surgical opinion regarding left knee surgery. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In terms of the requested consult for the abdominal hernia, there are no reported complaints from the claimant or physical examination findings that would indicate a symptomatic hernia. Therefore, obtaining a general surgery consult is not medically necessary. Chapter 7: Independent Medical Examinations and Consultations, p127

Consultation and treatment for the right elbow: 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-TWC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2009. He continues to be treated for left shoulder, right elbow, and bilateral knee pain. Prior treatments have included therapy with a home exercise program that the claimant is following. When seen, he had right knee swelling and was using a cane. The assessment references obtaining a second surgical opinion regarding left knee surgery. In terms of the requested orthopedic consult, this is being requested for treatment of the elbow. However, when seen, there is reference to obtaining a second surgical opinion regarding left knee surgery. Since the request itself is unclear, the consultation cannot be considered medically necessary.