

Case Number:	CM13-0008445		
Date Assigned:	11/08/2013	Date of Injury:	02/16/2005
Decision Date:	12/17/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/08/2013

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. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 was a 38 year old woman with a date of injury of 2/16/05. She was seen by her primary treating physician on 6/14/13 with complaints of numbness and tingling in the L5-S1 distribution of the right lower extremity. She also had knee pain and her shoulder pain was unchanged. She underwent physiotherapy without relief. Her exam showed anterior subacromial tenderness of the right shoulder with positive Neer and Hawkins-Kennedy impingement signs and mildly positive O'Brien's maneuver. She had tenderness of the mid lumbar spine and sacral notches with a positive straight leg raise and sensory deficit in the L5-S1 distribution. She had tricompartmental tenderness of the right knee with significant medial joint line tenderness and a positive Apley's grind maneuver. Her diagnoses were right shoulder internal derangement / impingement syndrome, chronic lumbar pain syndrome with evidence of radiculopathy and right knee internal derangement, status post arthroscopy. At issue in this review is the request for physical therapy to the right shoulder and right knee and naproxen. Length of prior therapy is not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Right Shoulder and Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 98-99.

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. In this injured worker, physical therapy has already been used for as a modality and did not provide relief. Additionally, a self-directed home exercise program should be in place. The records do not support the medical necessity for physical therapy visits to the right shoulder and right knee. Therefore, the request is not medically necessary.

Naproxen 500 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 67-73.

Decision rationale: In chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document efficacy, improvement in pain or functional status or a discussion of side effects to justify use. The medical necessity of naproxen is not substantiated. Therefore, the request is not medically necessary.