

Case Number:	CM13-0061371		
Date Assigned:	04/28/2014	Date of Injury:	12/10/2004
Decision Date:	06/12/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/04/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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 patient is an [REDACTED] employee who has filed a claim for cervicobrachial syndrome, bursitis, and rotator cuff syndrome associated with an industrial injury of December 10, 2004. Thus far, the patient has been treated with Terocin lotion, Lidoderm patch, Opioids, NSAIDs, Soma, acupuncture, and physical therapy. There is a note that the patient finds physical therapy and acupuncture to be very helpful in reducing pain, improving strength, and functional tolerance. A review of progress notes reports pain in the right shoulder, neck, back, and left knee. Findings include trigger points in the cervicospinal and lumbar quadratus regions, slightly decreased strength of both shoulders, both wrists, both hips, and both knees. Reflexes are increased for both lower extremities. A utilization review dated November 20, 2013 indicates that the claims administrator denied a request for continued PT x 12 as there is no documentation regarding quantity of previous PT treatments; acupuncture as there is no documentation regarding quantity of previous acupuncture sessions and no rationale as to concurrent therapy with PT; Norco 10/325mg #120 as there is no documentation that prescriptions are from a single practitioner and that the lowest possible dose is being prescribed; and a follow-up visit as the associated therapeutic requests were not authorized and there is no documentation of a clinical condition necessitating office visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 CONTINUED PHYSICAL THERAPY SESSIONS (2 TIMES PER WEEK FOR 6 WEEKS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Pain, Suffering, and the Restoration of Function Chapter, page 114, and the ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Pain, Suffering, and the Restoration of Function Chapter, page 114

Decision rationale: As stated on page 114 of the ACOEM Guidelines and pages 98-99 of the MTUS Chronic Pain Guidelines, the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The body part to which the physical therapy sessions are directed to is not specified. Also, the quantity, frequency, and duration of previous physical therapy sessions were not documented, and the functional benefits derived from the sessions were not indicated. Therefore, the request for 12 continued physical therapy sessions is not medically necessary and appropriate.

12 CONTINUED SESSIONS OF ACUPUNCTURE (2 TIMES PER WEEK FOR 6 WEEKS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As stated in the MTUS Acupuncture Guidelines, acupuncture is an option when pain medication is reduced or not tolerated and used as an adjunct to physical therapy and/or surgery to hasten recovery. In this case, the body part to which the acupuncture sessions are requested for is not indicated. Also, the quantity, frequency, and duration of previous acupuncture sessions were not documented, and the benefits derived from the sessions were not indicated. Therefore, the request for 12 continued sessions of acupuncture is not medically necessary and appropriate.

PRESCRIPTION OF NORCO 10/325MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

Decision rationale: As noted on page 79-81 of the MTUS Chronic Pain Guidelines, there is no support for ongoing opioid treatment unless there is an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, there is no

documentation regarding objective functional benefits derived from use of this medication as well as periodic urine drug screens. Therefore, the request for Norco 10/325mg #120 is not medically necessary and appropriate.

FOLLOW-UP VISIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Body Part Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

Decision rationale: The ODG states that evaluation and management outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, the latest progress note submitted was from October 31, 2013. There is no documentation of significant changes in the patient's condition, as well as changes in therapeutic regimen that would require additional follow-up visits. Therefore, the request for follow-up visit is not medically necessary and appropriate.