MAXIMUS Federal Services

Case Number:	CM13-0062237		
Date Assigned:	12/30/2013	Date of Injury:	04/27/2006
Decision Date:	05/16/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/06/2013

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 and Rehabilitation, and is licensed to practice in Illinois. 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 is a 50 year-old female who reported an injury on 4/24/2006 and the mechanism of injury was not provided in the medical records. The injured worker's prior treatment history was not provided. The clinical note from 10/14/2013 indicated the injury worker was in for right hand/wrist pain and right elbow/forearm pain. The injured worker indicated that the pain is dull, aching, sharp and continuous in right wrist and elbow. She indicated that the elbow extension brace is helping and allows partial pain relief. The current diagnoses are right cubital tunnel syndrome, carpal tunnel syndrome and crushing injury. It is indicated that the injured worker had completed an unknown number of physical therapy sessions. She was also instructed to continue wearing her elbow extension brace and wrist splint supports to help with pain control. She was to continue her Vicodin 5/500mg one tablet twice per day. The current request submitted on 10/16/2013 is for outpatient physical therapy two (2) times a week for four (4) weeks and Hydrocodone/apap 5/500 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, PAGE 98-99

Decision rationale: The California MTUS Guidelines indicate for physical therapy 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 recommended visits for myalgia and myositis, is 9-10 visits over 8 weeks. The clinical documentation indicated that the injured worker had completed an unknown number of physical therapy sessions and there were no noted exceptional factors that would indicate that additional session of physical therapy were needed. Furthermore, when the duration and/or number of visits exceeds the guideline, exceptional factors should be noted. As the injured worker was noted to have previously had physical therapy, details are needed including number of visits completed and measurable objective functional gains made with the treatment, prior to continuing therapy. In the absence of these details, the request for additional physical therapy is not supported. The request for outpatient physical therapy two (2) times a week for four (4) weeks is not medically necessary.

HYRDROCODONE/APAP 5/500 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Web Edition and the Official Disability Guidelines: Web Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Opioids Page(s): 78; 97. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN, OPIOIDS, PAGE 97, 78

Decision rationale: The California MTUS guidelines indicate that Hydrocodone/acetaminophen is recommended for moderate to moderately severe pain. 4A's should be assessed to include pain relief, improved function, side effects and aberrant behaviors. The documentation provided fails to indicate the injured workers current pain level and if the medication is improving his functional status. The information also fails to indicate the frequency that the medication is to be taken. Therefore, the request for Hydrocodone/apap 5/500 mg #60 is not medically necessary.