

Case Number:	CM14-0012225		
Date Assigned:	02/21/2014	Date of Injury:	09/02/2003
Decision Date:	06/26/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/30/2014

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 Internal Medicine, 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 a 59-year-old with date of injury September 2, 2003. There is no report as to mechanism of injury. The patient carries diagnoses of cervical sprain, lumbar sprain, bilateral shoulder strain, and bilateral wrist/hand sprain. The patient has been attending formal physical therapy and has been to four of the six sessions on the noted dated December 19, 2013. There is report of some improvement. Request is for Norco (for breakthrough pain) and additional physical therapy sessions two times a week for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TWO TIMES A WEEK FOR THREE WEEKS:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES PHYSICAL THERAPY, , 58-60

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends physical therapy with re-evaluation in the first two weeks of response. If improvement is seen, further PT (physical therapy) should be employed from six to twelve visits as usual course. This patient has had subjective improvement, however, there is no clear documentation as to pain scores and/or function. Furthermore, no home therapy program has been discussed to transition. Based on lack of documentation of benefit of PT, it is not clear why 6 more PT sessions are necessary, on top of the original 6 authorized. The request for additional physical therapy, two times per week for three weeks is not medically necessary or appropriate.

NORCO (RETRO) NO DOCUMENTATION OF AMOUNT OR STRENGTH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 98

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES OPIOIDS, , 74-96

Decision rationale: The Chronic Pain Medical Treatment Guideline states opioids should not be first-line treatment for chronic pain. There is no documentation as to failure of any other type of pain medication for this patient in the notes provided for treatment of her pain. The retrospective request for Norco, no documentation of amount or strength, is not medically necessary or appropriate.