

Case Number:	CM14-0131540		
Date Assigned:	08/20/2014	Date of Injury:	05/20/2001
Decision Date:	10/01/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/18/2014

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 Physical Medicine and 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 injured worker is a 71-year-old female who reported an injury on 05/22/2001 while shopping at a [REDACTED] for camping equipment, 100 pounds of camping equipment fell 6 feet from above and landed on her back and her right knee. Diagnoses were degenerative cervical and lumbar disc disease, myofascial pain syndrome, history of carpal tunnel syndrome, degenerative arthritis, right knee. Past treatments have been home exercise program, physical therapy, Synvisc injection, aqua therapy, chiropractic treatment. Diagnostic studies were not reported. Surgical history was right knee arthroscopic surgery. Physical examination on 04/15/2014 revealed complaints of neck, low back, and right knee pain. The pain was rated a 7/10 to 8/10. She reported that the left upper extremity pain was a 7/10 to 8/10 level. Low back pain was at a 7/10 level. Right knee pain was at a 6/10 to 7/10 level. Examination revealed tender trigger points over low back and neck upon palpation. Sensation was vague, decreased both hands. Motor sensation was intact. Medications were Baclofen, Flexeril, ibuprofen, Prilosec, Norco. Treatment plan was for 6 sessions of physical therapy and continue medications as directed. The rationale was "functional restoration is encouraged in the ACOEM guidelines when dealing with delayed recovery. The injured worker lacks core trunk musculature and flexibility necessary for work and other function and with a reasonable potential to improve given skilled physical therapy intervention." The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy Sessions: 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 Physical Therapy Page(s): 98-99.

Decision rationale: The decision for 6 Physical Therapy Sessions is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines state that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling, and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. Functional improvement was not reported from previous physical therapies. Therefore, the request is not medically necessary.

Norco 7.5/325mg: 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 Norco; Ongoing Management, Page(s): 75; 78.

Decision rationale: The decision for Norco 7.5/325mg is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The efficacy of this medication was not reported, also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.