

Case Number:	CM14-0133860		
Date Assigned:	09/05/2014	Date of Injury:	12/13/2007
Decision Date:	10/02/2014	UR Denial Date:	08/01/2014
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 & 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:

This 31 year-old patient sustained an injury on 12/13/07 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy to lumbar spine and left shoulder; 2 times a week for 6 weeks (2x6) and Norco (hydrocodone/APAP 10/325MG) #60, one to two tabs by mouth every 6 hours as needed for pain max 5/day. Diagnoses include s/p left shoulder arthroscopy with SAD (undated) with residual; persistent right shoulder pain with radicular symptoms/ sprain due to compensatory factors of left shoulder pain. Report of 2/28/14 from the provider noted the patient with ongoing lumbar and left shoulder pain rated at 8-9/10. Exam showed lumbar spine with decreased range flex/ext/lateral flex of 50/15/15 degrees; positive SLR at 60 degrees; 5/5 motor strength on right; left with diffuse 4/5 motor weakness; diffuse decreased sensation on right L4, L5, and S1; DTRs 2+; left shoulder with range of flex/ ext/ abd/ add/ IR/ ER of 110/ 30/ 100/ 30/ 80/ 60 degrees; positive Neer's impingement and Hawkin's; AC joint tenderness; 4/5 diffuse decrease in shoulder flex/abduction. The patient remained TTD status. Report of 6/16/14 from the provider noted patient with ongoing cervical spine, lumbar spine, left shoulder, bilateral hands, and bilateral knee pain. Neck pain radiates to the left upper extremity and bilateral arms. Exam noted vital signs of height, weight, and respiratory count; no other exam findings documented. It was noted she completed 10/12 physical therapy sessions which was helpful. Conservative care has included medications, therapy, ice/shower, sleep/bed rest, and modified activities/rest. Medications include Anaprox and Norco, necessary for her ADLs and ultimately to return the patient to gainful employment. Treatment included continued PT and medication. The request(s) for Physical Therapy to lumbar spine and left shoulder; 2 times a week for 6 weeks (2x6) was denied and Norco (hydrocodone/APAP 10/325MG) #60, one to two tabs by mouth every 6 hours as needed for pain

max 5/day was modified for #40 to wean on 8/1/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to lumbar spine and left shoulder; 2 times a week for 6 weeks (2x6):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory.

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

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy to lumbar spine and left shoulder; 2 times a week for 6 weeks (2x6) is not medically necessary and appropriate.

Norco (hydrocodone/APAP 10/325MG) #60, one to two tabs by mouth every 6 hours as needed for pain max 5/day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of

an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Therefore Norco (hydrocodone/APAP 10/325MG) #60, one to two tabs by mouth every 6 hours as needed for pain max 5/day is not medically necessary and appropriate.