

<b>Case Number:</b>	CM14-0152268		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	01/04/2008
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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, has a subspecialty in Pain 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:

This is a male injured worker with the date of injury of January 4, 2008. A Utilization Review was performed on September 11, 2014 and recommended non-certification of 8 physical therapy sessions and 1 prescription for Naproxen Sodium 550mg #60 with 3 refills. A Progress Report dated September 3, 2014 identifies Subjective Complaints of right foot pain, persistent pain at left knee, left ankle, and low back. Objective Findings identify mild erythema, edema right distal lower extremity/ankle. Decreased individual movement of all toes on right. Minimal plantar and dorsal flexion right. TTP mid medial and lateral joint lines left greater than right. ROM bilateral shoulders decreased in all planes with popping and pain behaviors. Diagnoses identify sprain/strain cervical spine, post laminectomy syndrome, and back ache. Treatment Plan identifies Naproxen 1 bid #60 and 8 sessions left shoulder physical therapy for ancillary muscle strength and improved range of motion (ROM).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Physical Therapy Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy

**Decision rationale:** Regarding the request for 8 Physical Therapy Sessions, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, the request exceeds the amount of physical therapy recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for 8 physical therapy sessions is not medically necessary.

**Naproxen Sodium 550mg #60 with 3 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are "recommended at the lowest dose for the shortest period in patients with moderate to severe pain." Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Naproxen is not medically necessary.