

Case Number:	CM14-0173571		
Date Assigned:	10/24/2014	Date of Injury:	01/27/2011
Decision Date:	12/03/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/21/2014

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 Pennsylvania. 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 56-year-old woman with a date of injury of 01/27/2011. An orthopedic AME report by [REDACTED], dated 06/23/2014 identified the mechanism of injury as cumulative traumas resulting in left knee and shoulder pain. This AME report and office visit notes by [REDACTED] dated 04/09/2014, 06/25/2014, and 10/08/2014 indicated the worker was experiencing left shoulder and knee pain and stiffness. The worker's treatments included physical therapy through approximately 06/25/2014 but the number of sessions was not reported. Documented examinations consistently described decreased left knee and shoulder joint motion, mild left shoulder weakness, tenderness in both joints, and mild left leg weakness. The submitted and reviewed documentation concluded the worker was suffering from a partial left shoulder rotator cuff tear that was repaired with surgery and internal derangement of the left knee requiring surgical procedures, both with on-going pain and stiffness. Treatment recommendations included oral pain medication, additional physical therapy, and restricted activities. A Utilization Review decision by [REDACTED] was rendered on 10/20/2014 recommending non-certification for physical therapy three times per week for four weeks and Vicodin-ES (hydrocodone with acetaminophen).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times 4 weeks (left shoulder, left knee): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Shoulder Complaints,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted and reviewed documentation indicated the worker was experiencing pain and stiffness involving the left shoulder and knee. These records suggested the worker's treatments included several courses of physical therapy through approximately 06/25/2014, but the number of sessions was not reported. There was no discussion of why additional physical therapy sessions were required or the results of the worker's home exercise program after the most recent course of physical therapy was completed. In the absence of such evidence, the current request for physical therapy three times per week for four weeks is not medically necessary.

Prospective use of Vicodin ES 1-2 tablets by mouth every 8 hours as needed for pain #100:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: Vicodin-ES (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The submitted and reviewed documentation indicated the worker was experiencing left shoulder and knee pain, stiffness, and mild weakness. However, there was no detailed description of the worker's pain experience recorded as suggested by the MTUS Guidelines, indication of benefit or potential negative side effects from the medication, or assessment of the worker's individual risk for on-going use of opioid medication. Further, the

quantity requested suggests more than a three-month supply, and the Guidelines stress the importance of on-going individualized assessments of the worker's risk and benefit from this type of treatment. For these reasons, the current request for Vicodin-ES (hydrocodone with acetaminophen) is not medically necessary.