

Case Number:	CM14-0174056		
Date Assigned:	10/27/2014	Date of Injury:	05/08/2012
Decision Date:	12/04/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/22/2014

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 56-year-old female who sustained a remote industrial injury on 5/8/12 diagnosed with mild bilateral C5 radiculopathy, chronic headaches, cervicogenic as well as muscle contraction type, right shoulder injury with partial rotator cuff tear, bilateral carpal tunnel syndrome. Mechanism of injury occurred while patient was working, tripped and fell. The patient's previous treatments included: chiropractic treatment, physical therapy, hot packs, stretching, multiple medications, trigger point injections, aquatic therapy, and bracing. Utilization review dated 10/7/14 non-certified hydrocodone, due to lack of documented functional improvement; non-certified aquatic therapy as it was noted to be a passive therapy and not active, therefore not considered medically necessary; non-certified weight loss program as there was no report of patient's weight. The most recent progress note provided is four months old, dated 7/25/14. Patient complained primarily of constant pain in her right shoulder that was rated as 5/10 on pain scale; frequent neck and upper back pain that was rated as 5-7/10 on pain scale without medications; frequent numbness in bilateral hands; anxiety and depression rated as 7/10 with 10 being most severe. The patient reported that headaches were made better with medications. Physical exam findings revealed range of motion of neck were restricted on all planes; multiple myofascial trigger points and taut bands noted throughout the neck, upper back and shoulders; range of motion in right shoulder was restricted; shoulder impingement test was positive. The range of motion was greatly restricted in both wrists; sensation was decreased in the first second and third digits on both hands with decreased strength. Medications at time of exam included Naproxen and Hydrocodone/ APAP. The patient was released to modified duties; though she had not been working. It is noted pain and discomfort impacted her activities of daily living. Urine drug screen dated 5/30/14 is positive for hydrocodone. Imaging studies provided for review included shoulder MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/325 mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of Opioids Page(s): 76-80.

Decision rationale: The CA Chronic Pain Medical Treatment Guidelines requires documentation of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects..." for patients on chronic opioid therapy. Documentation identifies the request was previously non-certified on 10/7/14, due to lack of documented functional improvement. Most recent progress note from four months ago identifies moderately high pain levels of 5-7/10 on pain scale with the use of opioids. The patient also reported that her pain interfered with her activities of daily living and she had not been working. Therefore, there is no recent benefit documented with the use of hydrocodone/ APAP. The request for Hydrocodone/APAP 5/325 mg # 120 is non-certified.

Six sessions of aquatic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: According to CA Chronic Pain Medical Treatment Guidelines regarding aquatic therapy, guidelines state, "Recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy." Documentation identifies the patient was previously denied for aquatic therapy, as it was noted to be a passive therapy and not active, and therefore not considered medically necessary. In addition, the previously underwent aquatic therapy in the past, but there were no significant functional gains noted. Lastly, the most recent progress note is four months old and therefore, the patient's current functional status is not identified. For the reasons stated above, the requested six sessions of aquatic therapy are not medically necessary and non-certified.

Weight Loss Program (month) quantity 3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.aetna.com/cpb/medical/data/1_99/0039.html

Decision rationale: The medical necessity for weight loss program is compared to evidenced based criteria for medical necessity, as ACOEM, MTUS and ODG do not address the request for weight loss program. Documentation identifies the request was previously denied, as there was no report of the patient's weight. In addition to the prior denial, the most recent progress note provided is from four months ago and therefore, the current body mass index (BMI) is not documented. Additionally, failure of recent traditional dietary modifications and exercise to facilitate weight loss, are not documented. Therefore, the request for [REDACTED] Weight Loss Program (month) quantity 3 is not medically necessary and is non-certified.