

Case Number:	CM14-0175440		
Date Assigned:	10/28/2014	Date of Injury:	05/22/2007
Decision Date:	12/05/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/23/2014

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 Preventive 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:

According to the records made available for review, this is a 51-year-old male with a 5/22/07 date of injury. At the time (7/31/14) of request for authorization for 90 Naproxen 550 mg and 12 aquatic therapy exercises, there is documentation of subjective (right shoulder, knee, neck, upper back, and lower back pain) and objective (muscle atrophy of the right shoulder girdle; decreased cervical and lumbar spine range of motion; multiple myofascial trigger points were noted on the cervical paraspinals, trapezius, levator scapulae, and lumbar paraspinal musculatures; tenderness over the bilateral knees; and decreased grip strength of the right hand) findings, current diagnoses (right brachial plexus injury with severe atrophy of right shoulder girdle, left S1 radiculopathy, left shoulder sprain, chronic myofascial syndrome, mild to moderate right ulnar neuropathy with nerve entrapment at the elbow), and treatment to date (medications (including ongoing treatment with Naproxen) and trigger point injections). Medical report identifies that with current pain medications, the patient is able to perform activities of daily living. Regarding aquatic therapy, there is no documentation of an indication for which reduced weight bearing is indicated (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing).

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Naproxen 550 MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of right brachial plexus injury with severe atrophy of right shoulder girdle, left S1 radiculopathy, left shoulder sprain, chronic myofascial syndrome, mild to moderate right ulnar neuropathy with nerve entrapment at the elbow. In addition there is documentation of pain and ongoing treatment with Naproxen. Furthermore, given documentation that pain medications enable the patient to perform activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of Naproxen use to date. Therefore, based on guidelines and a review of the evidence, the request for 90 Naproxen 550 mg is medically necessary.

12 Aquatic Therapy Exercises: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine, Aquatic therapy Page(s): 98, 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Aquatic therapy

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services (objective improvement with previous treatment). ODG identifies visits for up to 12 visits over 8 weeks in the management of Thoracic/lumbosacral neuritis/radiculitis, unspecified. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction. Within the medical information available for review, there is documentation of diagnoses of right

brachial plexus injury with severe atrophy of right shoulder girdle, left S1 radiculopathy, left shoulder sprain, chronic myofascial syndrome, mild to moderate right ulnar neuropathy with nerve entrapment at the elbow. However, there is no documentation of an indication for which reduced weight bearing is indicated (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). In addition, the requested 12 aquatic therapy exercises exceed guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for 12 aquatic therapy exercises is not medically necessary.