MAXIMUS Federal Services

Case Number:	CM14-0181512		
Date Assigned:	11/06/2014	Date of Injury:	08/14/2012
Decision Date:	12/11/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/31/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 43 year old who had a work injury dated 8/14/12. The diagnoses include chronic multilevel herniated nucleus pulposes, cervical spine with radiculitis; status post right carpal tunnel release 6/23/14, carpal tunnel release 4/22/13; status subacromial post arthroscopy/ arthroscopic decompression right shoulder 2/20/14. Under consideration are requests for Norco 10/325mg 1 tab qd p.r.n, #30 with no refills Physical therapy; twelve (12) sessions (3x4 There is a 10/2/14 progress note that states that the patient has neck pain and stiffness radiating down her left arm. She complains of right hand weakness and never had post op PT after the right carpal tunnel release. She has intermittent back pain but her neck bothers her the most. She has been authorized 6 PT visits for the neck. On examination of the cervical spine there is tenderness of the posterior cervical and bilateral trapezial musculature. The patient has decreased cervical range of motion. Strength in the upper extremities is globally intact. Range of shoulder motion is full. On examination of the right hand and wrist there is a well-healed surgical incision in the palmar aspect ongoing the hand. Grip strength is 5-/5. Sensation is intact to pinprick. There is tenderness about the lumbar musculature. There is decreased lumbar range of motion. The treatment plan includes Norco, the patient to undergo her 6 authorized neck PT sessions; a request for 12 post op PT after right carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 tab qd prn, #30 with no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

Decision rationale: Norco 10/325mg 1 tab qd prn, #30 with no refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life.The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on Norco without significant functional improvement therefore the request for Norco 10/325mg 1 tab qd prn, #30 with no refills is not medically necessary.

Physical therapy; twelve (12) sessions (3x4): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99,Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: Physical therapy; twelve (12) sessions (3x4) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The request is not clear as to which body part this is for as therapy was requested for the patient's neck and also for her hand status post carpal tunnel release. The documentation indicates that that the patient was authorized to start PT for the neck for 6 sessions. The guidelines recommend up to 10 for her condition. Without documentation of outcome of functional improvement from those 6 sessions additional sessions cannot be recommended. The documentation indicates that the patient has not had PT status post carpal tunnel release. The MTUS post surgical guidelines recommend 3-8 visits postoperatively status post carpal tunnel release with a trial of one half of those visits at first. Additional therapy can be granted if there is evidence of functional improvement. Without a specific request of which body part the therapy is for and considering that the request exceeds the recommendations for the amount of visits for both the cervical spine and hand post operative carpal tunnel release,the request for physical therapy; twelve (12) sessions (3x4) is not medically necessary.