MAXIMUS Federal Services

Case Number:	CM14-0025924		
Date Assigned:	06/13/2014	Date of Injury:	08/29/2003
Decision Date:	08/12/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/28/2014

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, and is licensed to practice in Illinois. 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 67-year-old female with a reported date of injury on 08/29/2003. The mechanism of injury was not provided within the documentation available for review. The injured worker is status post L4-S1 transforaminal lumbar interbody fusion with right iliac crest bone graft and reduction on 11/07/2013. The injured worker presented with some difficulties with the lower back, but primary concern was with the neck and left upper extremity. Upon physical examination of the left shoulder, the injured worker presented with diffused tenderness across the paraspinal muscles of the cervical spine as well into the trapezius region and parascapular area. The injured worker presented with low back pain that was improving. Motor strength in the bilateral lower extremities was rated at 5/5. Upon physical examination, the lumbar range of motion revealed extension to 10 degrees and flexion to 40 degrees. The clinical documentation indicated the injured worker previously attended approximately 6 physical therapy visits. The injured worker's diagnoses included status post TLIF L4-S1 on 11/07/2013, cervical spondylosis and status post left knee surgeries and diabetes. The injured worker's medication regimen included Norco and Nexium. The Request for Authorization for Norco 10/325 mg #90 with 1 refill, postoperative physical therapy (regular) 2 times a week for 6 weeks and postoperative physical therapy (aquatic) 2 times per week for 6 weeks was submitted on 02/26/2014. The injured worker was referred for postoperative physical therapy and aquatic-based therapy given the fact that the injured worker was highly deconditioned. The Norco was prescribed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #90 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80.

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

Decision rationale: The California MTUS Guidelines recommend the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, medication use, and side effects. Satisfactory response to treatment may be indicated by the injured workers decreased pain, increased level of function or improved quality of life. According to the physical therapy note dated 11/22/2013, the injured worker rated her current pain level at 6/10 with the least intensity of pain at 4/10 and the worst intensity of pain at 10/10. The therapy note dated 12/06/2013, the injured worker rated her current pain at 6/10 with the best being at 6/10 and the worst pain being at 10/10. In addition, within the clinical note it states the injured worker feels discouraged as she continues with significant pain and limited functional ability, despite doing physical therapy and does not feel better. The clinical information provided for review lacks documentation related to pain relief, functional status, appropriate medication use and side effects. There is a lack of documentation related to the therapeutic and functional benefit in the utilization of Norco. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Norco 10/325 mg #90 with 1 refill is not medically necessary.

POST OPERATIVE PHYSICAL THERAPY (REGULAR) 2 TIMES A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99,Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The California MTUS Guidelines recommend physical medicine as indicated. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The California/ACOEM Guidelines recommend postsurgical physical therapy at 34 visits over 16 weeks. According to the documentation provided for review, the injured worker has previously attended at least 6 visits of physical therapy postoperatively. There is lack of documentation related to the increase in functional ability and therapeutic effect related to the physical therapy. The medical note dated 12/06/2013, the injured worker stated that she was discouraged as she continued with significant pain and limited functional ability and despite doing PT does not feel better. In addition, the clinical notes state that the injured worker was given a home exercise program for upper extremities and lower extremities with return demonstration and

understanding provided. In addition, the note states that the injured worker demonstrated independence with walking program and no exacerbation of symptoms during therapeutic exercise. The injured worker tolerated therapeutic exercise and demonstrated an understanding of home exercise program. Therefore, the request for postoperative physical therapy (regular) 2 times a week for 12 weeks is not medically necessary.

POST OPERATIVE PHYSICAL THERAPY (AQUATIC) 2 TIMES PER WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPY , AQUATIC THERAPY Page(s): 22.

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

Decision rationale: The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended when reduced weight bearing is desirable. The guidelines recommend 8 to 10 visits over 4 weeks. According to the documentation provided for review, the injured worker demonstrated independence with walking program and no exacerbation of symptoms during therapeutic exercises. The injured worker verbalized understanding and methods of exercise to improve upper and lower extremity strength and range of motion. In addition, the injured worker tolerated therapeutic exercise and demonstrated an understanding of home-based exercise program. There is lack of documentation related to the need for the injured worker to minimize the effects of gravity. In addition, the guidelines recommend 8 to 10 visits over a 4 week period. The request for 12 visits exceeds recommended guidelines. Therefore, the request for postoperative physical therapy (aquatic) 2 times per week for 6 weeks is not medically necessary.