

Case Number:	CM14-0026747		
Date Assigned:	06/13/2014	Date of Injury:	02/21/2011
Decision Date:	07/16/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	03/03/2014

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 Sports 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:

The injured worker is a 48-year-old male with a reported date of injury on 02/21/2011. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with intermittent headaches, constant low back pain radiating to the lower extremities, and bilateral knee pain with symptoms of depression, anxiety, and weight gain. The MRI of the lumbar spine dated 02/21/2012, revealed mild degenerative disc disease from L2 to S1 with mild central canal stenosis from L3 to L5, and mild bilateral neural foraminal stenosis. The MRI dated 04/03/2014 of the cervical spine revealed minimal changes. The electro diagnostic evaluation dated 04/07/2014, revealed findings within normal limits for the lumbar spine and lower extremities. Upon physical examination, the injured worker's lumbar spine range of motion revealed flexion to 50 degrees, extension to 25 degrees, left lateral bending to 20 degrees, and right lateral bending to 25 degrees. The injured worker's knee range of motion revealed right knee flexion to 135 degrees and left knee flexion to 114 degrees. The clinical documentation provided indicated the injured worker completed twelve (12) sessions of physical therapy, the results of which were not provided with the documentation available for review. The injured worker stated his knee felt the same prior to physical therapy. The injured worker's diagnoses included cephalgia, right sided rib fractures times 2, lumbar spine sprain/strain, bilateral lower extremity radiculopathy, groin pain, left knee post-op 1998, status post arthroscopy of the left knee with a total knee arthroplasty. The injured worker's medication regimen included Norco. The request for authorization for Norco 10/325 mg #40 and physical therapy three (3) times a week for four (4) weeks was submitted on 02/27/2014. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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

Decision rationale: The Chronic Pain Guidelines state that the ongoing management of opioids should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. According to the clinical information provided for review, the injured worker began utilizing Norco on 11/20/2013. There is a lack of documentation related to the therapeutic benefit related to the utilization of Norco. The clinical information lacks the documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, the request as submitted failed to provide the frequency and directions for use of Norco. Therefore, the request for Norco 10/325 mg #40 is not medically necessary.

PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR FOUR (4) 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.

Decision rationale: The Chronic Pain Guidelines state that physical medicine is recommended. 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. In addition, the guidelines recommend eight to ten (8 to 10) visits over four (4) weeks. According to the physical therapy note dated 01/07/2014, the injured worker reported only a slight decrease in symptoms. In addition, the injured worker was given instruction/education on a home exercise program. Within the clinical note dated 01/20/2014, the physician indicates that the injured worker has completed 12/12 physical therapy sessions. The injured worker indicated that his knee felt the same. There was a lack of documentation related to the injured worker restoring flexibility, strength, endurance, function, range of motion, or alleviation of pain related to the utilization of physical therapy. In addition, the guidelines recommend eight to ten (8 to 10) visits. The request for an additional twelve (12) weeks of physical therapy exceeds the guideline recommendation. Therefore, the request for physical therapy three (3) times a week for four (4) weeks is not medically necessary.

