

<b>Case Number:</b>	CM14-0061379		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/31/2011
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 52 year old female whose date of injury is 03/31/11 when she slipped on a wet walk-in freezer floor, but did not fall. She twisted her right leg at the hip and strained her right shoulder. The injured worker has been treated with physical therapy, chiropractic, medications, diagnostic/imaging studies, right ankle surgery in 2012 and right knee arthroscopy in August 2013. Per Panel qualified medical evaluation report dated 03/03/14, the injured worker currently is taking hydrocodone 5/325mg. Previously she was prescribed Norco, Skelaxin, Toradol, tramadol, naproxen, omeprazole, flurbiprofen gel, and gabapentin-cyclobenzaprine gel. Progress report dated 03/19/14 documents that the injured worker has had approximately 20 visits of physical therapy directed to the right knee. The injured worker was recommended to have physical therapy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES Page(s): 74-80.

**Decision rationale:** Per Qualified Medical Evaluation dated 03/17/14, it was noted that the injured worker demonstrated symptom magnification with positive Waddell signs when previously evaluated on 01/23/12 and the injured worker sustained a muscular strain of the lumbar spine which caused a flareup of a preexisting nonindustrial mild degenerative change of the lumbar spine. It was felt that further medical care of the lumbar spine should be done on a nonindustrial basis. No objective evidence of significant lumbar spine pathology noted. Electrodiagnostic testing of the lower extremities was normal. Examination of the lumbar spine on 03/19/14 revealed diffuse tenderness to palpation over the lumbosacral region and the posterior aspect of the right hamstring. There is no evidence of motor weakness of the lower extremities and no data which establishes the need for continued narcotic management or data indicating functional improvements as a result of this medication. As such the request does not meet California Medical Treatment Utilization Schedule guidelines for the chronic use opiate medications and medical necessity is not established.

**Physical Therapy 2 times week for 4 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
PHYSICAL THERAPY Page(s): 98-99.

**Decision rationale:** The injured worker has had 24 physical therapy visits to date primarily focused on the right knee following arthroscopic surgery. Per Qualified Medical Re-Evaluation dated 03/17/14, it was noted that the injured worker demonstrated symptom magnification with positive Waddell signs when she was previously evaluated on 01/23/12. The injured worker sustained a muscular strain of the lumbar spine which caused a flareup of a preexisting nonindustrial mild degenerative change of the lumbar spine. It was felt that further medical care of the lumbar spine should be done on a nonindustrial basis. The records contain no objective evidence of significant lumbar spine pathology. Electrodiagnostic testing of the lower extremities was reported as a normal study. Examination of the lumbar spine on 03/19/14 revealed diffuse tenderness to palpation over the lumbosacral region and the posterior aspect of the right hamstring. There is no evidence of motor weakness of the lower extremities. Based on the clinical information provided, medical necessity is not established for Physical Therapy 2 times week for 4 weeks.