

<b>Case Number:</b>	CM14-0075723		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	07/24/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Orthopedic Surgery, 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:

This 36-year-old female sustained an industrial injury on 7/24/13. The mechanism of injury was not documented. The 9/19/13 MRI of the brain documented minimal non-specific cerebral white matter T2 hyperintensities. Differential possibilities included migraine related white matter changes and early microangiopathic ischemic disease. The study was otherwise unremarkable. The 9/25/13 left shoulder MRI impression documented low grade interstitial infraspinatus tearing with mild infraspinatus and supraspinatus tendinosis. The left thumb MRI impression documented partial thickness tear of the flexor pollicis longus tendon, probable partial thickness tearing of the oblique annular pulley, and possible bone contusion at the base of the thumb. Records indicated the patient had been certified for 22 physical therapy visits since 8/13/13. The 3/6/14 urine drug screen was negative for Norco. The treating physician progress reports from 11/8/13 to 4/10/14 documented a diagnosis of right ankle sprain, left thumb strain, lumbar strain, and left shoulder strain, rule-out rotator cuff pathology. Records indicated the patient underwent a rhomboid injection on 3/6/14 with a flare-up of left shoulder pain and difficulty washing her hair. She complained of falling asleep suddenly with a history of head and facial trauma. Norco reportedly reduced pain from 8/10 to 4/10 with relief for 2 to 3 hours allowing her to perform activities of daily living and home exercise. Objective findings documented left shoulder tenderness and positive impingement sign, and left thumb and thenar pad tenderness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Physiotherapy Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. For a diagnosis of myalgia/myositis, guidelines would generally support 9-10 visits over 8 weeks. Guideline criteria have not been met. This patient has been certified for a total of 22 physical therapy visits to date. There is no documentation of an objective measurable functional benefit to treatment. There is no current functional assessment or a functional treatment goal to be addressed by additional physical therapy. There is no compelling reason to support the medical necessity of additional supervised physical therapy over an independent home exercise program. Therefore, this request is not medically necessary.

**1 prescription for Norco 5/325mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use; Opioids, Specific drug list Page(s): 76-80; 91.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Functional improvement is defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions; and a reduction in the dependency on continued medical treatment. Guideline criteria have not been met for continued use of Norco. Records indicate a very limited response to Norco for 2 to 3 hours. There is no long term functional improvement noted consistent with the MTUS definition. There is no significant improvement in activities of daily living noted, no change in work status, and no apparent reduction in the dependency on continued medical treatment. The most recent urine drug screen was negative for Norco. There is no compelling reason to support the medical necessity of additional Norco. Therefore, this request is not medically necessary.

**1 Re-evaluation consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Codes for Automated Approval (CAA).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127.

**Decision rationale:** The California MTUS guidelines support referral to a specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. There is no clear rationale presented for a re-evaluation consultation, apparently with the neurologist. There is no indication of how this will change the treatment plan or what follow-up may be required. Records suggest that follow-up was previously certified. There was no imaging evidence of a neurologic lesion. Therefore, this request is not medically necessary.