

Case Number:	CM14-0081065		
Date Assigned:	08/08/2014	Date of Injury:	10/31/2012
Decision Date:	10/01/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/02/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 55-year-old individual was reportedly injured on October 31, 2012. The mechanism of injury was noted as a fall type event. The most recent progress note, dated May 29, 2014, indicated that there were ongoing complaints of neck pain radiating into the right upper extremity. There was also noted constant left knee pain and constant right foot pain. The physical examination demonstrated a decrease in cervical spine range of motion, a decrease in right shoulder range of motion, and a positive Phalen's test and a positive Tinel's test and a decrease in left knee range of motion. Diagnostic imaging studies were not reported. Previous treatment included multiple medications, physical therapy, injection therapy and pain management interventions. A request had been made for a drug screen, multiple medications, physical therapy for the right shoulder, right knee, right foot, left knee, and a followup and was not certified in the pre-authorization process on May 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Qualitative drug screen (DOS: 02/27/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, procedure summary, Pain, Urine drug testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 78.

Decision rationale: As outlined in the California MTUS Guidelines, there is support for urine drug screening as part of ongoing chronic opioid management protocol. However, there is no narrative relative to the potential for abuse, illicit drug use, drug diversion, intoxication, or other parameter indicating that there is a concern about the appropriateness of the medication protocol. Therefore, based on the clinical information, the medical necessity for this request has not been established.

Alprazolam (1mg, #60): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 27.

Decision rationale: The California MTUS Guidelines MTUS guidelines do not support benzodiazepines for long-term use, because long-term efficacy is unproven, and there is a risk of addiction and dependence. Most guidelines limit the use of benzodiazepines to 4 weeks. As such, this request is not considered medically necessary.

Retrospective combination 60mg toradol and B12 injections into the gluteus muscle (DOS: 2/27/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, specific drug list & adverse effects: Ketorolac (Toradol). Decision based on Non-MTUS Citation DWC 15TH Annual educational conference fee schedule -Dietary supplements

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72 of 127.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The ACOEM Practice Guidelines does not address intramuscular Toradol injections. The Official Disability Guidelines support intramuscular Toradol injections as an alternative to opiate therapy. However, based on the progress notes presented for review, there is no objectified efficacy in terms of increased functionality or decreased pain or decreased symptomatology. Therefore, there is no clinical basis to continue or establish the medical necessity for this injection.

Physical therapy for the right shoulder, 2 times a week for 4 weeks (8 visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

Decision rationale: As outlined in the ACOEM Practice Guidelines, physical therapy is supported if the symptoms persist. However, transition to home exercise protocol is a preferred intervention except in cases of unstable fractures or acute dislocations. Based on the clinical information presented for review, at best, home exercise protocol would be supported. Therefore, the request is not medically necessary.

Physical therapy for the right knee, 2 times a week for 4 weeks (8 visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338.

Decision rationale: As outlined in the ACOEM Practice Guidelines, instruction in home exercise protocol with the excessive cases of significant injury is all that would be supported. When noting the date of injury, and the current clinical situation and the finding on physical examination and by the parameters identified, this is not medically necessary.

Physical therapy for the right foot, 2 times a week for 4 weeks (8 visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

Decision rationale: As noted in the ACOEM Practice Guidelines, range of motion and strengthening exercises are to be taught by the primary provider for a home protocol. As such, based on the clinical information presented and what is noted in the ACOEM Practice Guidelines, it is not medically necessary.

Physical therapy for the left knee, 2 times a week for 4 weeks (8 visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338.

Decision rationale: As outlined in the ACOEM Practice Guidelines, instruction in home exercise protocol with the excessive cases of significant injury is all that would be supported.

When noting the date of injury, the current clinical situation and the finding on physical examination and by the parameters identified, this is not medically necessary.

Follow up visit in 4-6 weeks: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: When noting the ongoing complaints of pain, and the multiple findings discussed in the progress notes, there is a clear clinical indication for follow-up evaluation. As such, this is medically necessary.