MAXIMUS Federal Services

Case Number:	CM14-0097298		
Date Assigned:	07/28/2014	Date of Injury:	02/10/2014
Decision Date:	09/09/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/25/2014

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 California and Washington. 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 40-year-old female with a reported date of injury on 02/10/2014. The mechanism of injury was due to repetitive trauma. Her diagnoses were noted to include cervical spine musculoligamentous and thoracic spine musculoligamentous sprain/strain with myofascial pain syndrome, bilateral shoulder parascapular strain, lumbar spine musculoligamentous sprain/strain, bilateral elbow medial epicondylitis and possible cubital tunnel syndrome, bilateral wrist/forearm tendinitis, and rule out carpal tunnel syndrome. The progress note dated 07/02/2014 revealed the injured worker complained of headaches that were rated between 8/10 and 9/10 in severity. The injured worker indicated her neck and back were not better either, and reported she could not tolerate her acupuncture. The neurological examination revealed muscle strength rated 5/5 and reflexes were 2+ in the upper and lower extremities. The provider indicated the injured worker had a normal based gait and Romberg was negative. A progress note dated 05/09/2014 revealed the injured worker complained of a headache and pain in her hands and left shoulder that came on over time. The injured worker reported back spasms rated 6/10 in severity, mainly on the right, and reported it did not radiate. The physical examination of the neck noted slight tenderness with no muscle spasms. The range of motion was noted to be 100% normal. The examination of the back noted no tenderness or muscle spasms, and the provider indicated the palpation of her back felt good. The extremities noted positive Phalen signs bilaterally and negative Tinel signs. The provider indicated the muscle strength was rated 5/5 and reflexes were 2+ in the bilateral upper and lower extremities. The request for authorization form was not submitted within the medical records. The request was for physical therapy 2 times a week x 4 weeks for the bilateral upper extremities, Norco 2.5/325 mg #60, and a toxicology urine drug screen; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xwk x 4wks for the bilateral upper extremities: 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 Medicine Page(s): 98-99.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommend active therapy 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercises can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guideline recommendations for the number of physical therapy sessions for myalgia and myositis is 9-10 visits over 8 weeks. There is a lack of documentation regarding current measurable objective functional deficits to the bilateral upper extremities, and a lack of documentation regarding previous physical therapy sessions attended. The documentation provided does not indicate whether the injured worker has received previous physical therapy sessions. Therefore, due to the lack of current measurable objective functional deficits, the request is not medically necessary.

Norco 2.5/325mg #60: Upheld

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

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

Decision rationale: The injured worker has been utilizing this medication since at least 02/2014. There is a lack of documentation regarding the efficacy of decreased pain on a numerical scale with the use of medications. There is a lack of documentation regarding improved functional status with activities of daily living with the use of medications. No adverse effects with the use of medications were noted. The documentation did not indicate us to whether the injured worker has had consistent urine drug screens, and when the last test was performed. Therefore, due to lack of documentation regarding evidence of decreased pain on a numerical scale with medications, improved functional status, side effects, and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to

provide the frequency in which this medication is to be utilized. As such, the request is not medically necessary.

Toxicology urine drug screen: 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 Drug testing, page 43 Page(s): 43.

Decision rationale: The injured worker has been receiving opioids since 02/2014. The California Chronic Pain Medical Treatment Guidelines recommend as an option using a urine drug screen to assess for the use of the presence of illegal drugs. The previous request for Norco has been non-certified and, therefore, a urine drug screen is not appropriate at this time. Additionally, there is a lack of documentation regarding whether a previous urine drug screen was performed. Therefore, the request is not medically necessary.