

Case Number:	CM14-0126343		
Date Assigned:	08/13/2014	Date of Injury:	04/07/2012
Decision Date:	07/14/2015	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 38 year old male patient who sustained an industrial injury on 04/07/2012. A primary treating office visit dated 06/11/2012 reported the patient with subjective complaint of having minimal improvement since the last appointment. He has not received any physical therapy since participating in an initial 6 sessions, but continues performing the recommended exercises. He denies any pain at rest, but states when he tries to lift he develops pain. It is described as a pinching sensation. He states using Robaxin and Ibuprofen with mild relief. The upper extremity assessment noted unchanged with limited range of motion of the right shoulder with posterior discomfort that radiates into the side of the neck on abduction, flexion and rotation. Impingement test causes posterior discomfort on the right. A shoulder apprehension test caused right sided discomfort. There is mild proximal weakness noted on the right upper extremity. He is diagnosed with strain shoulder, trapezius muscle. The plan of care noted the patient continuing with current medications, modified work limitations, orthopedic consultation, and exercise regularly, ice application as needed, and follow up visit. A more recent primary treating visit dated 06/16/2015 showed the patient asymptomatic in terms of knee complaint. He does have shoulder pain. A consultation appointment is being made for the patient shoulder complaints. Of note, the patient started a new driving job where he is able to change positions frequently. Treating diagnoses are as follows: discogenic cervical condition with multi-level disc disease, anterolisthesis of C3 on c4, retrolisthesis of C5 on C6, bulging from C2-3 through C7- T1, foraminal narrowing from C3-C7, and stenosis at C5-6. Nerves studies noted unremarkable for radiculopathy and positive for carpal tunnel syndrome, mild

bilaterally; thoracic sprain and lumbar spine mostly resolved; left knee sprain, mostly resolved; impingement syndrome of the left shoulder, status post rotator cuff repair 03/2014 and sleep issue secondary to chronic pain. Medications to continue: Naproxen, Topamax, Flexeril, Aciphex. He is also with recommendation to undergo a magnetic resonance arthrogram of the right shoulder and utilize a transcutaneous nerve stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Physical Therapy: Upheld

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

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

Decision rationale: According to MTUS guidelines, Physical Medicine is "Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. 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(s). 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 exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007)" The patient has completed 24 sessions of post-op physical therapy without clear documentation of efficacy. There is no documentation that the patient cannot perform home exercise. Therefore, the request for 12 physical therapy sessions is not medically necessary.

Norco 10/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was prescribed during the initial post-op time period following the shoulder surgery performed in March 2014; however, there is no evidence of functional improvement or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #30 is not medically necessary.