

Case Number:	CM15-0000927		
Date Assigned:	01/12/2015	Date of Injury:	04/18/2005
Decision Date:	03/11/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/05/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 43 year old male, who sustained an industrial injury on 4/18/2005 while trying to help lift up a cow that had fallen. He was using a long metal pipe as a lever, when suddenly the cow fell onto its side landing on the Injured Worker. He reported pain in the bilateral shoulders, upper back, and lower back and bilateral legs. The diagnoses have included cervical spine degenerative disc disease, cervical spine radiculopathy, lumbar spine 4mm disc bulge and annular tear per magnetic resonance imaging (MRI) dated 2/13/2014, right chronic hip pain, right knee degenerative joint disease per MRI dated 11/06/2009 cervicogenic headaches and left rotator cuff tendinopathy per MRI dated 9/04/2007. Treatment to date has included medications, diagnostic studies, physical therapy, arthroscopic surgery of the right shoulder dated 10/05/2007 and postoperative care. He has not returned to work since the surgery. Currently, the Injured Worker complains of moderate intermittent pain in his neck, thoracic spine, lumbar spine, right hip and bilateral knees R/L, and bilateral shoulders. The pain is rated as a 5-6/10. There is limited range of motion. On 12/18/2014, Utilization Review non-certified labs to include CBC, CPK, CRP, hepatic and arthritis panel, 3 viscosupplementation injections to the right knee and modified prescriptions for Motrin 800mg #90 with 2 refills and 12 physical therapy visits noting the lack of clinical findings to support medical necessity. The MTUS, ACOEM Guidelines, and ODG were cited. On 01/05/2014, the injured worker submitted an application for IMR for review of labs to include CBC, CPK, and CRP, hepatic and arthritis panel, 3 viscosupplementation injections to the right, 12 physical therapy visits and Motrin 800mg #90 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 80mg # 90 with 2 refills between 12/8/14 and 3/6/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Pain section, NSAI

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ibuprofen 800 mg #90 with two refills between December 8, 2014 and March 6, 2014 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. However, the main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are cervical spine multilevel DDD; L5-S1 4 mm disc bulge annular tear 2/13/14; right hip chronic pain; right shoulder arthroscopy 10/5/07; lumbar spine radiculopathy, clinically; left shoulder rotator cuff tendinopathy per MRI 9/4/07; right knee DJD per MRI; cervical spine radiculopathy, clinically; and cervicogenic headaches. Subjectively, the injured worker complains of headaches. The injured worker complains of neck pain, back pain, right knee pain, bilateral shoulder pain, bilateral pain in the thumbs and right hips. The VAS pain scale is 6/10. The information was gathered from the doctors first report of injury or illness dated December 8, 2014. The injured worker was treated by other physicians in the past. A progress note dated June 17, 2014 indicates the injured worker was on Mobic 7.5 mg. The documentation does not indicate whether there was objective functional improvement with Mobic. There is no clinical rationale for changing one nonsteroidal anti-inflammatory to another. The guidelines indicate there is no evidence to recommend one drug in this class over another based on efficacy. Consequently, absent clinical documentation to support ibuprofen 800 mg without evidence of objective functional improvement with Mobic, Ibuprofen 800 mg #90 with two refills between December 8, 2014 and March 6, 2014 is not medically necessary.

CBC, CRP, CPK, hepatic and arthritis panel between 12/8/14 and 2/14/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, complete blood count, CRP, CPK, hepatic and arthritis panel between December 8, 2014 and February 14, 2015 is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical

records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and to observe/understand pain behavior. The history and physical examination also serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnoses are cervical spine multilevel DDD; L5-S1 4 mm disc bulge annular tear 2/13/14; right hip chronic pain; right shoulder arthroscopy 10/5/07; lumbar spine radiculopathy, clinically; left shoulder rotator cuff tendinopathy per MRI 9/4/07; right knee DJD per MRI; cervical spine radiculopathy, clinically; and cervicogenic headaches. Subjectively, the injured worker complains of headaches. The injured worker complains of neck pain, back pain, right knee pain, bilateral shoulder pain, bilateral pain in the thumbs and right hips. The VAS pain scale is 6/10. The documentation does not contain a clinical rationale or indication for the requested blood tests. There is no discussion of arthritis in the medical record. There are no symptoms or signs that when clinically indicated an elevated CPK. Consequently, absent clinical documentation to support the requested blood tests with a hepatic and arthritis panel, complete blood count, CRP, CPK, hepatic and arthritis panel between December 8, 2014 and February 14, 2015 is not medically necessary.

3 Viscosupplementation injections to the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Knee & Leg (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee section, Hyaluronic acid injections

Decision rationale: Pursuant to the Official Disability Guidelines, three Visco supplementation injections to the right knee are not medically necessary. Visco supplementation (hyaluronic acid) injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, nonsteroidal anti-inflammatory drugs or acetaminophen) to potentially delayed totally replacement. There is insufficient evidence for other conditions including patellofemoral arthritis, chondromalacia patella, osteochondritis desiccans, or patellofemoral syndrome. The criteria for hyaluronic acid injections are enumerated in the Official Disability Guidelines. They include, but are not limited to, significant symptomatic osteoarthritis has not responded adequately to nonpharmacologic and pharmacologic treatments, after at least three months; pain interferes with functional activities; documented symptomatic severe osteoarthritis of the knee; failure to adequately respond to aspiration and injection of intra-articular steroids; etc. See guidelines for additional details. In this case, the injured worker's working diagnoses are cervical spine multilevel DDD; L5-S1 4 mm disc bulge annular tear 2/13/14; right hip chronic pain; right shoulder arthroscopy 10/5/07; lumbar spine radiculopathy, clinically; left shoulder rotator cuff tendinopathy per MRI 9/4/07; right knee DJD per MRI; cervical spine radiculopathy, clinically; and cervicogenic headaches. Subjectively, the injured worker complains of headaches. The injured worker complains of neck pain, back pain, right knee pain, bilateral shoulder pain, bilateral pain in the thumbs and right hips. The VAS pain scale is 6/10. The documentation does not contain evidence the injured

worker suffered with severe osteoarthritis. Visco supplementation is indicated as a possible option for severe osteoarthritis for patients that have not responded to conservative treatments. The criteria are enumerated in the Official Disability Guidelines. There was no documentation of significant symptomatic osteoarthritis; radiographic evidence of severe osteoarthritis; failure to adequately respond to aspiration and injection of intra-articular steroids; etc. Consequently, absent clinical documentation to support Visco-supplementation with the clinical criteria to support Visco- supplementation, three Visco supplementation injections to the right knee are not medically necessary.

12 Physical therapy visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Pain section, Physical therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy #8 visits are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing physical therapy). When treatment duration and/or number of visits exceeded the guidelines, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical spine multilevel DDD; L5-S1 4 mm disc bulge annular tear 2/13/14; right hip chronic pain; right shoulder arthroscopy 10/5/07; lumbar spine radiculopathy, clinically; left shoulder rotator cuff tendinopathy per MRI 9/4/07; right knee DJD per MRI; cervical spine radiculopathy, clinically; and cervicogenic headaches. Subjectively, the injured worker complains of headaches. The injured worker complains of neck pain, back pain, right knee pain, bilateral shoulder pain, bilateral pain in the thumbs and right hips. The VAS pain scale is 6/10. The documentation does not contain evidence of prior physical therapy. It is unclear whether the injured worker received prior physical therapy. The guidelines recommend a six visit to the trial to see if the patient is moving in a positive direction, no direction or negative direction prior to continuing with his therapy. If the injured worker has not received prior physical therapy to date, the treating physician exceeded the recommended guidelines of a six visit clinical trial. If the injured worker received prior physical therapy (and the documentation is missing from the medical record), exceptional factors should be noted in the medical record. The documentation does not contain compelling clinical facts to warrant additional physical therapy. Consequently, absent clinical documentation to support physical therapy (based on the absence or missing documentation), physical therapy #8 visits is not medically necessary.