

Case Number:	CM15-0009079		
Date Assigned:	01/27/2015	Date of Injury:	11/28/2009
Decision Date:	03/18/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/15/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old female, who sustained an industrial injury on 11/28/2010. She has reported left shoulder pain. The diagnoses have included left shoulder joint pain; right shoulder joint pain; repetitive strain injury; and bilateral carpal tunnel syndrome. Treatment to date has included medications, physical therapy, and surgical intervention. Medications have included Norco, Meloxicam, Toradol, and Voltaren cream. Surgical interventions have included left carpal tunnel decompression, dated 02/05/2013; and right carpal tunnel decompression, dated 09/19/2013. A progress note from the treating physician, dated 08/27/2014, documented a follow-up visit with the injured worker. The injured worker reported intermittent pain in both hands and shoulders; rated pain at 8/10 on the visual analog scale; pain is worse with lifting, pushing, and pulling with repetitive motion; and taking Tramadol as needed during the day and Norco for severe pain at night. Objective findings included tenderness to palpation of the bilateral shoulder joints with limited range of motion; positive Hawkin's and Neer's tests bilaterally; tenderness to palpation of the lateral epicondyle; right wrist exam shows positive Tinel's sign; and weak grip strength bilaterally. The treatment plan has included continuation of medications: Toradol, Norco, Omeprazole, Meloxicam, and Voltaren; continuation of modified work status; and follow-up evaluation as scheduled. On 12/24/2014 Utilization Review non-certified a prescription for Physical Therapy. The CA MTUS, ACOEM: Pain, Suffering, and the Restoration of Function Chapter was cited. Utilization Review non-certified a prescription for Norco 5/325 mg #60. The CA MTUS, Chronic Pain Medical Treatment Guidelines, and the ODG, Shoulder Chapter were cited. On 01/15/2015, the injured worker submitted an application

for IMR for review of a prescription for Physical Therapy; and a prescription for Norco 5/325 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: No, the request for "physical therapy" was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, page 48, it is incumbent upon an attending provider to furnish a prescription for physical therapy which "clearly states treatment goals." Here, the request, by definition, did not clearly state treatment goals. Permanent work restriction had already been imposed. The applicant's response to earlier therapy was not detailed. The attending provider did not clearly outline what could be accomplished through further physical therapy. Similarly, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that there must be demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. Here, however, the attending provider did not clearly outline how previous physical therapy had profited the applicant. Permanent work restrictions remained in place, seemingly unchanged, from visit to visit. The applicant remained dependent on opioid agents such as Norco and tramadol. All of the foregoing, taken together, suggests that the applicant had in fact plateaued in terms of functional improvement measures established in MTUS 97920f, despite completion of 12 recent sessions of physical therapy in late 2014 alone. Therefore, the request for additional physical therapy in unspecified amounts was not medically necessary.

Norco 5/325 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines when to continue Page(s): 80.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, it appeared (but was not clearly stated) that the applicant had returned to work on a p.r.n. basis, with restrictions in place. The attending provider's progress notes, however, did not incorporate any explicit discussion of medication efficacy. The attending provider failed to outline any quantifiable reduction in pain and/or material improvements in function effected as a result of ongoing Norco usage. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that the lowest possible

dose of opioids should be employed to improve pain and function. Here, the attending provider seemingly furnished the applicant with concurrent prescriptions for two separate short-acting opioids, Norco and tramadol. No clear compelling rationale for such usage was furnished. Therefore, the request was not medically