

Case Number:	CM15-0105119		
Date Assigned:	06/09/2015	Date of Injury:	02/16/2009
Decision Date:	07/10/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/01/2015

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

Certification(s)/Specialty: Emergency 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 45 year old female, who sustained an industrial injury on 2/16/09. The injured worker was diagnosed as having bilateral De Quervain syndrome, bilateral medial and lateral epicondylitis, bilateral ulnar neuritis, and chronic cervical spine sprain/strain. Treatment to date has included right De Quervain's release, right and left dorsal 1st compartment release, bilateral carpal tunnel releases, medical marijuana, Norco, home exercise, H-wave, and physical therapy for the hand which was note to have been helpful. The injured worker had been taking Norco since at least 6/11/14. Physical examination findings on 4/14/15 included tenderness to palpation across the cervical trapezial ridge, painful and decreased cervical range of motion, and tenderness to palpation over the facet joints. Palmer tenderness to palpation of the left hand with 4/5 grip strength, and negative Tinel's and Finkelsteins signs were also noted. Currently, the injured worker complains of bilateral hand and wrist pain with paresthesias, bilateral elbow pain, and neck pain. The treating physician requested authorization for Norco 10/325mg #120, physical therapy 2x6 for the cervical spine, and physical therapy 2x6 for the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 tablet 4 times a day, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82.

Decision rationale: The requested Norco 10/325mg 1 tablet 4 times a day, #120 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has bilateral hand and wrist pain with paresthesias, bilateral elbow pain, and neck pain. The treating physician has not documented VAS pain quantification with and without medications, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg 1 tablet 4 times a day, #120 is not medically necessary.

Physical Therapy 2 times a week for 6 weeks - cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Acute and Chronic, Physical therapy.

Decision rationale: The requested Physical Therapy 2 times a week for 6 weeks, cervical spine, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), CHAPTER 8, Neck and Upper Back Complaints, Summary of Recommendations and Evidence, Page 181; and Official Disability Guidelines (ODG), Neck and Upper Back, Acute and Chronic, Physical therapy, recommend continued physical therapy with documented objective evidence of derived functional benefit. The injured worker has bilateral hand and wrist pain with paresthesias, bilateral elbow pain, and neck pain. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, physical therapy 2 times a week for 6 weeks, cervical spine is not medically necessary.

Physical Therapy 2 times a week for 6 weeks - left hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand (Acute & Chronic), Physical Therapy.

Decision rationale: The requested Physical Therapy 2 times a week for 6 weeks, left hand, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 11, Forearm, Wrist and Hand Complaints, Physical Methods, Pages 264-265 and Official Disability Guidelines (ODG), Forearm, Wrist and Hand (Acute & Chronic), Physical Therapy, recommend continued physical therapy with documented objective evidence of derived functional improvement from completed physical therapy sessions as a transition to a dynamic home exercise program. The injured worker has bilateral hand and wrist pain with paresthesias, bilateral elbow pain, and neck pain. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, physical therapy 2 times a week for 6 weeks, left hand is not medically necessary.