MAXIMUS Federal Services

Case Number:	CM15-0143027		
Date Assigned:	08/03/2015	Date of Injury:	08/03/2007
Decision Date:	09/08/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/23/2015

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: Physical Medicine & Rehabilitation

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 51 year old male, who sustained an industrial injury on 8-3-07 Initial complaints were of a fall from a secondary story roof with pain to his neck, shoulders, upper extremities, back, knees and lower extremities. The injured worker was diagnosed as having chronic shoulder; chronic neck pain; epicondylitis; degenerative arthritis; knee pain; back pain. Treatment to date has included epidural injection; shoulder injection; status post left shoulder arthroscopy, debridement of a type I SLAP lesion and subacromial decompression with mini-open rotator cuff repair (4-14-08); status right shoulder arthroscopy with debridement, rotator cuff repair, subacromial decompression (2-25-09); status post Manipulation under anesthesia and removal of suture anchor and mini-open rotator cuff repair (9-22-10); physical therapy; medications. Currently, the PR-2 notes dated 6-23-15 indicated the injured worker complains of still having neck and bilateral shoulder pain. He has pain also in both knees and both elbows and hands as well as left ankle pain. Objective findings are listed as tenderness in both knees left greater than right with slight swelling of the left knee compared to the right knee. He is able to squat about 10% of the normal. Anteflexion of the trunk on the pelvis allows for 30 degrees of flexion and 5 degrees extension. Rotation to the left and then to the right is 10 degrees bilaterally. Lateral flexion to the left is 10 degrees and right is 5 degrees. Anteflexion of the head allows for 40 degrees of flexion with extension 20 degrees. Rotation to the left and then the right is 60 degrees bilaterally. Right shoulder abduction is 80 degrees and extension 10 degrees; flexion 70 degrees and left is 45 degrees abduction with extension 5 degrees and flexion 70 degrees. There is bilateral rotator cuff tenderness and supraspinatus or infraspinatus tenderness.

There is no paracervical tenderness or parathoracic tenderness from T5 to T12 -L1 and paralumbar tenderness from L1-L5-S1. There is lower thoracic and lumbar spasm present and bilateral sacroiliac and trochanteric tenderness left greater than right. There is bilateral medial epicondylar tenderness with tenderness to the 1st and 5th CMC joints on the right and 1st CMC joint on the left. The provider is requesting authorization of Physical therapy 2x6 for the lumbar spine and Norco 10/325 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 for the lumbar spine: 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, 99.

Decision rationale: The 51 year old patient complains of pain in neck, bilateral shoulders, bilateral elbows, lower back, bilateral knees, and bilateral ankles, as per progress report dated 06/23/15. The request is for Physical Therapy 2 X 6 for the Lumbar Spine. The RFA for the case is dated 06/23/15, and the patient's date of injury is 08/03/07. Diagnoses, as per progress report dated 06/23/15, included chronic bilateral shoulder pain, chronic cervical pain with C3-4 and C4-5 disc protrusions and C5-6 left paracentral disc herniation; chronic bilateral lateral epicondylitis; chronic lumbar pain with disc protrusions at L4-5 and L5-S1; and chronic bilateral knee pain with grade IV medial meniscal tears, moderate degenerative changes, and chondormalacia patellae. The patient is status post left shoulder arthroscopy and rotator cuff repair on 04/14/08, and status post-right shoulder arthroscopy and rotator cuff repair on02/25/09. The patient is taking Norco for pain relief and is not working, as per the same progress report. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, given the patient's date of injury, it is reasonable to assume that the patient has had some physical therapy to the lumbar spine in the past. The progress reports, however, do not document the number of sessions completed nor does the treater discuss the efficacy of prior therapy. The Utilization Review denial letter also does not indicate the number of sessions but states that "The injured worker has undergone previous therapy without indication of functional improvement. Additionally, MTUS only allows for 8-10 sessions in non-operative cases. Hence, the current request for 12 sessions appears excessive and is not medically necessary.

Norco 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria For Use Of Opioids Page(s): 60, 61, 76-78, 88,89.

Decision rationale: The 51 year old patient complains of pain in neck, bilateral shoulders, bilateral elbows, lower back, bilateral knees, and bilateral ankles, as per progress report dated 06/23/15. The request is for Norco 10/325 mg # 120. The RFA for the case is dated 06/23/15, and the patient's date of injury is 08/03/07. Diagnoses, as per progress report dated 06/23/15, included chronic bilateral shoulder pain, chronic cervical pain with C3-4 and C4-5 disc protrusions and C5-6 left paracentral disc herniation; chronic bilateral lateral epicondylitis; chronic lumbar pain with disc protrusions at L4-5 and L5-S1; and chronic bilateral knee pain with grade IV medial meniscal tears, moderate degenerative changes, and chondormalacia patellae. The patient is status post left shoulder arthroscopy and rotator cuff repair on 04/14/08, and status post-right shoulder arthroscopy and rotator cuff repair on02/25/09. The patient is taking Norco for pain relief and is not working, as per the same progress report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, the patient has been taking Norco for pain relief prior to 01/19/15. In the report dated 06/23/15, the treater states that the patient has "increased physical and psychological functioning as a result of taking this opiate medication." There are no side effects or aberrant behavior. The patient shows no evidence of doctor shopping or uncontrolled drug escalation as well. An UDS, dated 01/19/15 was consistent, as per progress report dated 02/17/15. The treater, however, does not use a pain scale to demonstrate reduction in pain due to Norco nor does the treater provide specific examples that indicate improvement in function. MTUS requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, the request is not medically necessary.