

Case Number:	CM15-0148989		
Date Assigned:	08/12/2015	Date of Injury:	10/25/2006
Decision Date:	09/29/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/31/2015

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic hand, wrist, and shoulder pain reportedly associated with an industrial injury of October 20, 2006. In a Utilization Review report dated July 27, 2015, the claims administrator failed to approve requests for 12 sessions of hand therapy and Norco. The claims administrator referenced a July 17, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On an RFA form dated July 7, 2015, Norco and 12 sessions of hand therapy were endorsed. In a request for additional information letter dated July 24, 2015, the claims administrator requested additional information from the attending provider as to how much occupational therapy the applicant had had to date. On June 11, 2015, the applicant followed with a psychiatrist reporting issues with mood disturbance. The applicant was on Lyrica, Zoloft, Inderal, and Levoxyl, it was reported. The applicant reported issues with chronic low energy level, depression, poor concentration, anxiety, and irritability, it was reported. Multiple medications were renewed and/or continued. However, the applicant's work status was not detailed. On June 9, 2015, the applicant reported ongoing complaints of neck, wrist, elbow, and shoulder pain. The applicant was using four tablets of Norco daily. The attending provider stated that usage of Norco was ameliorating the applicant's ability to perform self-care and food preparation while acknowledging that the applicant was avoiding more vigorous activities owing to pain complaints. Norco was renewed. The applicant's permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. On July 17, 2015, the applicant

reported ongoing complaints of wrist, elbow, and shoulder pain. Diminished, painful wrist and shoulder pain were reported. The applicant had undergone earlier wrist, elbow, and shoulder surgeries in 2006, 2007, and 2010, it was reported. Twelve sessions of hand therapy were endorsed. It was suggested that the applicant had not had any recent treatment in the preceding two years. Norco was renewed, seemingly without any discussion of medication efficacy. Once again, the applicant's permanent work restrictions were continued. It was, once again, not clearly stated whether the applicant was or was not working with said permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational hand therapy Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines physical medicine. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 263-266 Official Disability Guidelines-Treatment in Workers' Compensation, Chapter Forearm, Wrist & Hand (Acute & Chronic) last updated on 06/29/15.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: No, the request for 12 sessions of occupational hand therapy was not medically necessary, medically appropriate, or indicated here. The 12-session course of therapy at issue, in and of itself, represents treatment in excess of the 9- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias or myositis of various body parts, the diagnoses reportedly present here. This recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that it is incumbent upon an attending provider to furnish a prescription for physical therapy and/or physical methods which "clearly states treatment goals." Here, however, clear treatment goals were neither stated nor formulated. It was not stated how the applicant could necessarily stand to benefit from further formal therapy at this late stage in the course of the claim, i.e., some nine years removed from the date of injury as of the date of the request. Permanent work restrictions were renewed, seemingly unchanged from previous visits, on July 17, 2015. The applicant remained dependent on opioid agents such as Norco. Seemingly fixed range of motion deficits were reported about the upper extremities on July 17, 2015. All of the foregoing, taken together, strongly suggested that the applicant had in fact plateaued in terms of the functional improvement measures established in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy/hand therapy/occupational therapy over the course of the claim. Therefore, the request for additional occupational therapy and/or hand therapy was not medically necessary.

Norco 5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids 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, however, it did not appear that the applicant was working with permanent limitations in place as of the July 17, 2015 progress note in question. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage on that date. Therefore, the request was not medically necessary.