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| <b>Case Number:</b>   | CM15-0188445 |                              |            |
| <b>Date Assigned:</b> | 09/30/2015   | <b>Date of Injury:</b>       | 05/30/1997 |
| <b>Decision Date:</b> | 11/16/2015   | <b>UR Denial Date:</b>       | 09/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/25/2015 |

### 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, Hawaii

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 53 year old male who sustained an industrial injury May 3, 1997. Past treatments included medications and physical therapy. Past history included decompression of brachial plexus 1998 and on March 18, 2015, external neurolysis of left brachial plexus, internal neurolysis of the upper middle and lower trunk, decompression of the subclavian artery, decompression of the long thoracic suprascapular and the C8 and T1 spinal nerves. Diagnosis is documented as left thoracic outlet syndrome. According to a treating physician's progress report dated August 31, 2015, the injured worker presented for neurosurgical re-examination. He had complained of shortness of breath on August 18, 2015 and underwent a chest x-ray (previous CT demonstrated elevation of the left diaphragm). Neurological examination revealed; strength 4+ out of 5 of the left finger flexors and intrinsic muscles of the left hand; sensory loss in the right first finger; deep tendon reflexes are reduced in the left arm; gait is normal; moderate spasm in the posterior musculature; Spurling's test positive, tenderness over the clavicle, otherwise the surgical incision is well healed with no evidence of infection; good air exchange on auscultation. The treating physician documented; "the chest x-ray demonstrated no elevation of the left diaphragm". At issue, is the request for authorization for Norco and post-operative physical therapy. According to utilization review dated September 15, 2015, the requests for Ativan and Flexeril were certified. The request for Physical Therapy left upper extremity (2) times a week for (6) weeks (12 visits) was modified to (8) visits. The request for Norco 10-325mg #120 was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below: **Post-operative physical therapy, left upper extremity, 2 times a week for 6 weeks:**

**Upheld Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Elbow & Upper Arm.

**Decision rationale:** The patient presents with neck, shoulder and low back pain. The current request is for 12 sessions of post-operative physical therapy (PT) for the left upper extremity. The UR dated 9/15/15 modified the request to 8 sessions of post-operative PT. The patient has completed 12 post-operative PT sessions to date. The patient is status post ulnar nerve transposition, 3/18/15. The treating physician states on 8/31/15 (23B), "an authorization for the postoperative physical therapy is requested for reasons that this represents medical necessity for the care and treatment of this patient." MTUS Post Surgical Treatment Guidelines state, "Ulnar nerve entrapment/ Cubital tunnel syndrome (ICD9 354.2): Postsurgical treatment: 20 visits over 10 weeks \*Postsurgical physical medicine treatment period: 6 months." The Post Surgical MTUS Guidelines recommend a total of 20 post surgical treatments over 10 weeks. In this case, the patient was previously approved for 12 post-operative physical therapy sessions. The request for an additional 12 sessions would exceed the MTUS recommend number of 20 total sessions for this diagnosis. The current request is not medically necessary.

**Norco 10/325mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The patient presents with neck, shoulder and low back pain. The current request is for Norco 10/325mg, #120. The treating physician states on 8/31/15 (23B) "the patient will continue taking Norco 10/325 mg one tablet every four hours as needed for pain." For chronic opiate use, 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 aberrant 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. In this case, there is no discussion regarding analgesia, ADLs, adverse side effects or aberrant behaviors. Additionally, there is no documentation of a 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 guidelines require much more thorough documentation for ongoing opioid usage. The patient should be slowly weaned per MTUS Guidelines. The current request is not medically necessary.