

Case Number:	CM15-0195787		
Date Assigned:	11/03/2015	Date of Injury:	06/04/2015
Decision Date:	12/18/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/05/2015

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 69 year old female, who sustained an industrial injury on 06-04-2015. A review of the medical records indicates that the worker is undergoing treatment for left proximal humeral shaft comminuted fracture with displacement status post left humerus open reduction and internal fixation on 06-30-2015. Treatment has included Norco (since at least 07-23-2015), surgery, bracing and physical therapy. Subjective complaints (07-23-2015 and 08-13-2015) included unchanged left arm pain that was rated as 10 out of 10. Objective findings (07-23-2015 and 08-13-2015) included grade 3-4 tenderness to palpation of the left arm, which was the same since the prior visit. Restricted range of motion and positive impingement and supraspinatus tests were also noted to be positive on the 07-23-2015 visit. The level of pain before and after the use of pain medication was not documented and duration of pain relief was not documented. A progress note dated 09-03-2015 documented 9 out of 10 left arm pain that had decreased from 10 out of 10 at the last visit with objective findings of grade 3-4 tenderness to palpation of the left shoulder and left arm that was documented as unchanged from the prior visits. The physician noted that 6 sessions of physical therapy were completed and that the worker was to continue physical therapy for the left arm and shoulder 3 times a week for 4 weeks. Documentation shows that the treating physician recently requested 12 physical therapy sessions on 08-05-2015, the 09-03-2015 progress note shows that 6 of those visits had been completed as of that visit. Documentation also shows that the worker was certified for 24 sessions of post-operative physical therapy as per a 06-17-2015 utilization review. There is no documentation of significant pain relief or objective functional improvement with prior post-operative therapy sessions. A

utilization review dated 09-14-2015 non-certified a request for 12 additional physical therapy sessions including electrical stimulation, without direct contact, diathermy, infrared therapy, therapeutic exercises, massage, each 15 min, without direct contact, ultrasound, each 15 min, and manual therapy and modified a request for Norco from 50 Norco 5-325 mg to certification of Norco 5-325 mg #37.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional physical therapy sessions including electrical stimulation, without direct contact, diathermy, infrared therapy, therapeutic exercises, massage, each 15 min, without direct contact, ultrasound, each 15 min, and manual therapy: Upheld

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

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

Decision rationale: The patient presents with pain affecting the left arm and shoulder. The current request is for 12 additional physical therapy sessions including electrical stimulation, without direct contact, diathermy, infrared therapy, therapeutic exercises, massage, each 15 min, without direct contact, ultrasound, each 15 min, and manual therapy. The treating physician report dated 9/3/15 (8B) notes that the patient has received 6 sessions of physical therapy out of 12 certified sessions. The UR report dated 9/14/15 (5A) notes that the patient was certified for 24 sessions of postoperative physical therapy. MTUS-PSTG supports postoperative physical medicine (physical therapy and occupational therapy) 24 sessions for fracture of humerus. The MTUS-PST guidelines only provide a total of 24 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received 24 sessions of postoperative physical therapy for the left arm previously, as well as an additional 12 certified physical therapy visits. The patient is status post left humerus open reduction and internal fixation on 6/30/15. In this case, the patient has received at least 30 sessions of physical therapy to date and the current request of an additional 12 visits exceeds the recommendation of 24 visits as outlined by the MTUS-PST guidelines. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.

50 Norco 5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, differentiation: dependence & addiction, Weaning of Medications.

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

Decision rationale: The patient presents with pain affecting the left arm and shoulder. The current request is for 50 Norco 5/325mg. The requesting treating physician report dated 9/3/15 (8B) provides no discussion of the patient's ADL's, 4 A's or functional improvement. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided, show the patient has been taking Norco since at least 7/23/15 (12B). The report dated 9/3/15 notes that the patient's current pain level is 9/10. No adverse effects or adverse behavior was discussed by the patient. There is no evidence provided that shows the physician has a signed pain agreement or cures report on file. In this case, all four of the required A's are not addressed and functional improvement has not been documented. The MTUS guidelines require much more thorough documentation to recommend the continued usage of Norco. The current request is not medically necessary.