

<b>Case Number:</b>	CM15-0199242		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	03/10/2014
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 48-year-old female who sustained an industrial injury on 3-10-2014. Diagnoses have included left shoulder rotator cuff tendinosis; and, right knee pain, possible meniscal tear. A referenced MRI dated 6-16-2015 was stated to have showed mild chondral thinning in both medial and patellofemoral compartments; degeneration of the medial meniscus with radial tear in the lateral meniscus; and, edema and synovitis surrounding the fat pad. An MRI of the left shoulder performed 8-1-2014 had shown mild glenohumeral joint arthrosis, chronic degenerative changes to the labrum, mild to moderate rotator cuff tendinosis, and mild AC joint arthrosis. On 10-5-2015, the injured worker presented with right knee pain including popping and locking within the lateral part of the knee, and left shoulder pain with overhead activities. Pain at this visit was rated as 8 out of 10, and it is stated she has been to the emergency room twice, but which injury led to this is not documented. Physical therapy is noted to help "while she is there" but returns in between sessions. A visit dated 8-24-2015 had provided objective report of range of motion of the knee from 0-135 degrees with mild patellofemoral crepitus, tenderness along the medial joint line, and tenderness in the patella tendon. The physician stated her knee was "ligamentously stable." A shoulder examination performed 6-30- 3015 had noted the left shoulder was tender at the anterolateral acromion, with range of motion showing flexion to 10 degrees, external rotation to 60 degrees, internal rotation to T-10, and abduction to 160 degrees. Impingement sign was "mildly positive," and there was pain with O'Brien's test. Treatment for these injuries are noted to have been 12 sessions of physical therapy for both the shoulder and knee, a cortisone injection in the left shoulder causing

reported pain and swelling in the arm, and over-the-counter Ibuprofen and Tylenol. Other medications are not documented in the recent provided medical records, however, another physician is referenced as suggesting occasional limited use of unspecified narcotic medication. The treating physician's plan of care includes 8 sessions of physical therapy for the right knee, 8 sessions of physical therapy for the left shoulder, and Hydrocodone-APAP 5-325 mg #60. All was denied on 10-8- 2015. The injured worker has been working full time.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy, right knee, 2 times weekly for 4 weeks, 8 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter and pg 54.

**Decision rationale:** According to the guidelines, most shoulder conditions require 8-10 sessions of physical therapy for non-operative care. In this case, the claimant has knee strain with possible meniscal injury and has completed 12 sessions of physical therapy. There is no indication that additional therapy cannot be completed at home. No surgery was performed. The 8 additional sessions exceeds the guidelines amount and is not medically necessary.

**Physical therapy, left shoulder, 2 times weekly for 4 weeks, 8 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter and pg 27.

**Decision rationale:** According to the guidelines, most shoulder conditions require 8-10 sessions of physical therapy for non-operative care. In this case, the claimant has shoulder tendinosis and has completed 12 sessions of physical therapy. There is no indication that additional therapy cannot be completed at home. The 8 additional sessions exceeds the guidelines amount and is not medically necessary.

**Hydrocodone/ APAP (acetaminophen) 5/325 mg Qty 60: 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 for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

**Decision rationale:** Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-term use has not been supported by any trials. In this case, there was no mention of Tylenol or NSAID failure. These are considered 1st line for joint pain. The use of Hydrocodone is not medically necessary.