

Case Number:	CM15-0199386		
Date Assigned:	10/14/2015	Date of Injury:	01/30/2012
Decision Date:	11/24/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	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: California

Certification(s)/Specialty: Emergency 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 injured worker is a 53 year old female, who sustained an industrial injury on 1-30-12. The injured worker has complaints of pain in the neck with radicular symptoms into the right and left arm that is aggravated with lifting. Cervical spine range of motion forward flexion and extension is 50 degrees; rotation right and left were 65 degrees and lateral bending right and left were 30 degrees. There was tightness and spasm in the trapezius, sternocleidomastoid, and straps muscle right and left. The diagnoses have included other affections of shoulder region, not elsewhere classified; displacement of lumbar intervertebral disc without myelopathy; displacement of lumbar intervertebral disc without myelopathy and sprain of thoracic. Treatment to date has included right shoulder arthroscopic surgery in October 2013; norco; zanaflex and therapy. The original utilization review (9-8-15) denied the request for physical therapy 3x weekly quantity 18 and norco 10-325 MG quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (PT) 3x Weekly Qty 18: Upheld

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

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

Decision rationale: The requested physical therapy (PT) 3x Weekly Qty 18, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has pain in the neck with radicular symptoms into the right and left arm that is aggravated with lifting. Cervical spine range of motion forward flexion and extension is 50 degrees; rotation right and left were 65 degrees and lateral bending right and left were 30 degrees. There was tightness and spasm in the trapezius, sternocleidomastoid, and straps muscle right and left. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy (PT) 3x Weekly Qty 18 is not medically necessary.

Norco 10/325 MG Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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

Decision rationale: The requested Norco 10/325 MG Qty 90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain in the neck with radicular symptoms into the right and left arm that is aggravated with lifting. Cervical spine range of motion forward flexion and extension is 50 degrees; rotation right and left were 65 degrees and lateral bending right and left were 30 degrees. There was tightness and spasm in the trapezius, sternocleidomastoid, and straps muscle right and left. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325 MG Qty 90 is not medically necessary.