

Case Number:	CM15-0204381		
Date Assigned:	10/21/2015	Date of Injury:	09/18/2013
Decision Date:	12/02/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/19/2015

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: 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:

This is a 29 year old male who sustained an industrial injury on 9-18-2013. A review of the medical records indicates that the injured worker is undergoing treatment for status post left shoulder arthroscopy, cervicgia and low back pain. According to the progress report dated 9-15-2015, the injured worker complained of chronic neck, left shoulder and back pain. The injured worker reported no change in his condition from previous physical therapy and chiropractic treatment. The same progress report (9-15-2015) documents that the injured worker had good benefit from previous physical therapy. Objective findings (9-15-2015) revealed some myofascial restrictions in the trapezius, levator scapulae and splenius capitis on the left side. On palpation, there was significant spasm in the quadratus lumborum and paraspinal musculature bilaterally, right greater than left. Treatment has included physical therapy, chiropractic treatment and medications. Naproxen was prescribed on 9-15-2015. The request for authorization was dated 9-25-2015. The original Utilization Review (UR) (10-1-2015) denied requests for 12 sessions of physical therapy and Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, twelve sessions: 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): Exercise.

Decision rationale: MTUS Guidelines recommend that up to 10 sessions of physical therapy are adequate to address chronic musculoskeletal conditions. By that many supervised sessions, it is recommended that a home based active program should be instituted. This individual is noted to have had significant physical therapy in the past, but no follow up program by this individual is documented. A few sessions to renew an independent exercise program may be reasonable, but there are no unusual circumstances to justify the request for 12 sessions which significantly exceeds Guidelines given the prior history of physical therapy. The request for Physical Therapy, twelve sessions is not supported by Guidelines and is not medically necessary.

Naproxen 500mg by mouth twice a day quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: MTUS Guidelines support a trial of NSAID medications for chronic musculoskeletal conditions. If there are significant benefits, the Guidelines do not support long term daily use, but do support episodic use during flare-ups. This is a new prescription and there is no documentation of prior trials of Naprosyn. Under these circumstances, a reasonable trial of Naprosyn is consistent with Guidelines. Naproxen 500mg by mouth twice a day quantity 60 is medically necessary. If it continues to be recommended on a long term chronic basis, a re-review may be reasonable.