

Case Number:	CM15-0208120		
Date Assigned:	10/27/2015	Date of Injury:	04/30/2001
Decision Date:	12/10/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/22/2015

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 was a 63 year old female, who sustained an industrial injury, April 30, 2001. The injured worker was undergoing treatment for bilateral impingement syndrome, bilateral lateral epicondylitis and musculoskeletal neck pain. According to progress note of September 28, 2015, the injured worker's chief complaint was left shoulder pain. The pain was described as aching. The injured worker had recently completed physical therapy and was requesting more. The physical exam noted bilateral shoulder tenderness. The deep tendon reflexes were positive. The injured worker previously received the following treatments Tylenol #3 since February 12, 2015, the injured worker was taking Ultracet and Ambien prior to Tylenol #3 and physical therapy visit for the right forearm with 30% improvement. The RFA (request for authorization) dated September 28, 2015; the following treatments were requested physical therapy 6 sessions for bilateral impingement syndrome and a prescription for Tylenol #3 every eight hours as needed for pain. The UR (utilization review board) denied certification on October 5, 2015; for the 6 physical therapy sessions and a prescription for Tylenol #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physical therapy 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): Physical Medicine.

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior multiple PT sessions (total number was not documented) was completed. The provider has failed to document any objective improvement from prior sessions, how many physical therapy sessions were completed or appropriate rationale as to why additional PT sessions are necessary. PT note documents improvement in range of motion and pain and recommend Home Exercise Program. There is no documentation if patient is performing home directed therapy with skills taught during PT sessions. There is no documentation as to why home directed therapy and exercise is not sufficient since patient has reportedly received multitude of prior sessions. Documentation fails to support additional PT sessions. Additional 6 physical therapy sessions are not medically necessary.

Tylenol No. 3: Upheld

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

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

Decision rationale: Tylenol #3 is acetaminophen and codeine, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Provider has not documented a single required component. This request is also incomplete with no total number of tabs or refills provided in request. Poor documentation fails to support continued T#3 and incomplete request invalidates the request. The request is not medically necessary.